STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969472	**12/12/2018**
NAME OF PROVIDER OR SUPPLIER **UNITED LIVES LEISURE FACILITIES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **24167 SW 114TH CT** **HOMESTEAD, FL 33032**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Initial Licensure Survey was conducted on . United Lives Leisure Facility, Inc had a deficiency identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to have sufficient fuel to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours. The facility did not have an Emergency Power Plan available for a review.

Findings included:

On at 9:12 AM an empty tank of propane gas (the gadget was on red, photo attached) labeled , was observed in the facility's garage.

In an interview on at 9:13 AM the Owner stated "the generator could work for 72 hours and supporting the lights, refrigerator, and the air conditioner."

The Emergency Power Plan (EPP) file was not available on .

On at 11:40 AM the Owner said "the propane tank is , , but it holds , of gas and is good for 72 hours for the whole building. And 92 hours for powering the lights, portable air conditioner, and refrigerator. The chief officer from the fire department provide that information during the inspection. I don't have anything in writing. He stated that he will give me something in writing if the fire inspector found deficiencies, but they did not find any deficiencies." The Owner added "I don't have the EPP here." The Consultant stated "I can print it" and grabbed her laptop.

At 1:59 PM on the EPP was sent via email by the Owner.

Class III