STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on . . . . . Four Seasons ALF (license #10157) had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to provide an alternative source of power during a power outage.

Findings:

During the tour of the building on . . . . . , . . , ... , at approximately 2:30 p.m., the emergency Power Plan was reviewed. The plan included the use of a portable generator fueled by propane or gasoline and a spot cooler. The generator and spot cooler were in storage but no fuel was available. Inquiry of staff revealed that the plan had not been tested or fully implemented.

Class III