STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **ANNE'S HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 TUSKAWILLA RD** **WINTER SPRINGS, FL 32708**	

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 . . . . . Anne's home ALF (license #53376) had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and observation, the facility failed to maintain fuel on-site to operate of the emergency generator.

Findings:

During the tour of the building on . . . . . at approximately 10:00 a.m. the generator was observed. It was of the portable type and requires fuel to operate. There was no fuel stored on site. Interview with staff revealed that the generator required propane and none was available.

Class III