

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967289	(X3) DATE SURVEY COMPLETED 01/22/2019
NAME OF PROVIDER OR SUPPLIER AJR LOVING CARE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5900 DEAN ROAD OVIEDO, FL 32765	
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 AJR Loving Care ALF (license #11356) 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 1:30 p.m., the emergency Power Plan was reviewed. The plan included the use of a portable generator fueled by propane 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		