STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968874	**01/22/2019**
NAME OF PROVIDER OR SUPPLIER **AJR LOVING CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1680 N MAITLAND AVE** **MAITLAND, FL 32751**	

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, 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 a reliable alternative source of power during a power outage.

Findings:

During the tour of the building on . . . . . , ... , at approximately 10:00 am, 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 and propane were in storage. Inquiry of staff revealed that the plan had not been tested or fully implemented.

Class III