

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967533	(X3) DATE SURVEY COMPLETED 04/09/2019
NAME OF PROVIDER OR SUPPLIER VINTAGE VILLAGE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 701 E VIRGINIA AVENUE TAMPA, FL 33603	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An Abbreviated survey was conducted at Vintage Village Inc on 04/09/2019. The provider had deficiencies at the time of the visit. (License# 11572) 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview, the facility failed to fully implement its emergency environmental control plan (EECP) by not storing the required amount of fuel supply on premise to run their alternate power source as noted in the facility's plan and by failing to inform each resident and the resident's legal representative in writing of implementation of their EECP. Findings included: Observation of the facility during survey on 04/09/2019 beginning at 8:45 am revealed no evidence of gasoline or fuel on premise for the facility's generator. During an interview conducted with the Administrator on 04/09/2019 at 2:00 PM the administrator acknowledged and confirmed that the facility did not have fuel stored on the premise to run the facility's generator. The administrator also confirmed that the facility's EECP indicated that fuel would be stored onsite. In an interview with the Administrator conducted on 04/09/2019 at 2:05 PM they confirmed that a written letter had not been sent to the residents or resident's responsible party that their EECP had been implemented. Class III		