STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	R 04/03/2019
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on , , . Sunny Days Retirement Home, license #10955, had a deficiency at the time of the visit that remained uncorrected.

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on review of the facility records and interview, the facility failed to have an alternative power source and to store 48 hours of fuel onsite and failed to within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval.

Findings:

Review of a letter sent to the resident's or their representative, revealed it explained the delay in implementation of the facility's emergency environmental control plan, Further review of the letter revealed it did not include that their plan was submitted for review and approval to the local emergency management agency.

On at 10 AM, the administrator said the facility had obtained a variance from the Department of Elder Affairs for implementation of their emergency environmental control plan until . She said the facility was still awaiting the county to come to conduct their inspection of the electrical work that was done for their fixed generator and the fuel tank would be delivered soon.

Review of the facility's final order granting a conditional temporary variance from Rule 58A-5.036 Florida Administrative Code (F.A.C.) that was dated . The document noted one of conditions of the variance was:
(2)-"During the variance period, Petitioner must be able to effectively and immediately activate, operate and maintain its alternate power source and any fuel required for the operation of its alternate power source in accordance with rule 58A-5.036(5), F.A.C."

(5)-"Failure to comply with these conditions shall be grounds for the Department or Agency to vacate the requested variance."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	R **04/03/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

On . . . at 10:15 AM the administrator was asked if she had some other alternative power source and fuel in the event of a power outage at the facility.

On . . . at 10:15 AM the administrator said she had a portable generator, she said her son had taken it away from the facility to repair a wheel on it. She said she had no other alternative power source available. The administrator confirmed the letters provided to the residents and their representatives did not include that their plan was submitted for review and approval to the local emergency management agency.

Class III