STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968659	**06/10/2019**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF CHARITY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7603 WINGING WAY DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

A monitoring visit for compliance with the emergency power plan was conducted on . . . . . at Our Lady of Charity. A deficiency was identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to store the alternate power source and fuel supply in a safe location.

Findings include:

During a tour of the facility at 9:30am and 2:45pm on . . . . . , its portable generator and fuel tanks were observed to be in the facility's laundry and storage room area. This room was located in the interior of the home. Upon asking if they were going to move this apparatus, the administrator and his son replied that they were intending to purchase a structure dedicated to housing both the generator and fuel tanks and that this would be placed outside in the backyard about 20 ft. away from the facility. They were unable to explain why said structure had not yet been obtained.

Class III