STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	R **06/17/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE** **ORLANDO, FL 32828**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted at White Flowers on . . . . . Deficiencies were identified at the time of survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview the facility failed to test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source.

Findings:

In an interview with the administrator on at 11:30 AM who said her son had tested the generator to ensure it worked well. She added that her son had developed a form to fill each time the generator was tested. She produced a blank form; she added her son forgot to sign the sheet/form.

There was no evidence the facility tested the equipment and its functions to ensure the safe and sufficient operation of the alternate power source.

Class III