STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965368	R 10/31/2017
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OCOEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **80 NORTH CLARK RD** **OCOEE, FL 34761**	

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

0000 - Initial Comments

A revisit was conducted for Complaint Investigation #2017006239 on . Brookdale Ocoee Assisted Living Facility, License#9371 had a deficiency at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on facility records and interview, the facility failed to have evidence the comprehensive emergency management plan (CEMP) was approved by the local emergency management agency.

Findings:

On at 11:15 AM, the administrator was asked to provide the facility's CEMP approval letter. Review of the facility's document provided by the administrator revealed it was for a variance approval.

The administrator said on at 11:45 AM, that he would contact their corporate office who possibly had the letter.

The facility was given the opportunity to provide the approval letter via email by .

On at 9:30 AM, the administrator said he could not locate the approval letter for the facility

Class III