STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966273	R 12/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIFE CENTER	**4279 JUDITH AVE** **MERRITT ISLAND, FL 32953**

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

0000 - Initial Comments

Revisit to Complaint investigations #2017008361 and #2017008356 was conducted on 12/4/17. Cedar Creek Life Center Assisted Living Facility, license #10541, had a new deficiency that was cited 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 that the comprehensive emergency management plan (CEMP) was approved by the local emergency management agency.

Findings:

On at 10:30 AM, the administrator was asked to provide the facility's CEMP approval letter.
On at 11:30 AM, the administrator said he could not locate the letter and had placed a call to the local emergency management agency to obtain it.

The administrator was given the opportunity to provide the approval letter via email by at 5 PM and it was not provided.

Class III