STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967022	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **ALMARK HEALTH SERVICES #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **4019 WENDY DRIVE** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Mental Health service was conducted on . Almark Health Services #3, License #11113, had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility still failed to submit a comprehensive emergency management plan (CEMP) to the local emergency management agency for approval within 30 days after obtaining its license.

Findings:

On at 9:30 a.m., the assistant administrator stated via a telephone call that she did not know the status of the CEMP. Her late husband (administrator) was working on it. She could not find anything about it.

Class III