STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968547	R **12/15/2017**
NAME OF PROVIDER OR SUPPLIER **IDEAL CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **612 SPRING OAK CIRCLE** **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 on . Ideal Care ALF, license #12451, 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 failed to ensure a copy of the facility's comprehensive emergency management plan, with documentation of review and approval by the county emergency management agency annually, as described in Rule 58A-5.026, F.A.C., was readily available by facility staff.

Findings:

On at 10:15 a.m., the assistant administrator stated the facility had submitted its Comprehensive Emergency Management Plan (CEMP) to the county emergency management plan agency on . Unfortunately, it went to the wrong person. It was later (no specific date available) forwarded to the appropriate office. The assistant administrator stated he was informed that the CEMP was in a process to be reviewed. As of , he had not received an approval letter from the county emergency management agency.

Class III