STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911229	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **WESTMINSTER WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1111 S. LAKEMONT AVENUE** **WINTER PARK, FL 32792**	

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

0000 - Initial Comments

A complaint investigation #2018000658 was conducted at Westminster Winter Park Assisted Living Facility License Number 6503 had a deficiency at the time of the visit.

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

Based on interview and facility documentation, the facility did not have evidence that the comprehensive emergency management plan was submitted for review and approval to the local emergency management agency.

Findings:

On at 12:15 PM, the administrator was asked to provide the approval letter for the facility's Comprehensive Emergency Plan (CEMP).

On at 12:30 PM, the director of maintenance said the plan had been submitted for review and he had not received the approval letter. He provided an email from the emergency management agency noting it had been received but needed additional information.

An email was received by the emergency management agency that was sent to the facility on that noted the facility had not submitted a plan for 2018 nor did the facility respond to their inquiries for additional information back in 2017.

Class III