

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964828	(X3) DATE SURVEY COMPLETED 01/25/2018
NAME OF PROVIDER OR SUPPLIER IONIE'S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3447 ALISSA COURT ORLANDO, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation #2018000626 was conducted on . Ionie's Assisted Living, License#9336, had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on an interview the facility failed to have its Comprehensive Emergency Management Plans (CEMP) approved by a local county emergency management agency. Findings: On at 1:00 p.m., the administrator confirmed she did not have an approval letter for the facility CEMP. Class III		