STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911320	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **SUMMER TIME LODGE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **909 NORTH WYMORE ROAD** **WINTER PARK, FL 32789**	

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

0000 - Initial Comments

A complaint investigation #2018000637 was conducted at Summer Time Lodge, Inc. Assisted Living Facility License Number 5492 there was 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 (CEMP) was approved by the local emergency management agency.

Findings:

On at 2 PM, the facility's manager said the CEMP plan was submitted and provided an email dated . However, the emergency management agency that noted additional clarification was required. She said she had not received a letter of approval.

She provided the facility's last CEMP approval letter that was dated . The local emergency management agency required the plan to be submitted annually.

Class III