STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **PLANTATION OAKS SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **9309 S ORANGE BLOSSOM TRAIL** **ORLANDO, FL 32837**	

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

0000 - Initial Comments

A Complaint Investigation #2018000631 was conducted on . Plantation Oaks Senior Living and Memory Care (License #12300) had a deficiency at the time of the visit.

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

Based on observation and interview, the facility failed to have documentation of the facility's Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency.

Findings:

Observation on at 1:15 PM, there was no evidence of an approved CEMP by Orange County Emergency Management agency annually.

On at 1:15 PM, an interview with the Owner, Operations Administrator and Assistant Administrator who confirmed the finding.

Class III