

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965563	(X3) DATE SURVEY COMPLETED 02/20/2018
NAME OF PROVIDER OR SUPPLIER ALMARK GROVE ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4502 ALMARK DRIVE ORLANDO, FL 32839	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Investigation #2018000644 was conducted on Almark Grove Assisted Living Facility (License #9894) had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on 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: The CEMP was requested on at 1 PM, no documented evidence was provided of the CEMP approval letter by Orange County Emergency Management office was completed on annual basis . On at 1:30 PM, a telephone interview with the new Owner who confirmed the finding. Class III		