STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

0000 - Initial Comments

A Complaint Investigation #2018000640 was conducted on . Swan at Lake Conway Assisted Living (License #11542) 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 approval letter from the Emergency Management Agency was requested on at 2:30 PM. There was no documented evidence provided of the CEMP approval letter by Orange County Emergency Management office was completed.

On at 8 AM, a telephone interview with the Administrator who confirmed the finding.

Class III