STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	R 02/26/2018
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on , 2018. Senior Garden Assisted Living, license #12796, had a deficiency at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and email correspondence, the facility failed to provide documentation to indicate its emergency management plan was approved by the local emergency management agency.

Findings:

Review of facility records that were provided by the administrator did not include documentation to indicate the facility's emergency management plan was approved by the local emergency management agency, as required.

An email received on from a representative from the county emergency management agency indicated the facility's plan was submitted for approval on .

An email received on from a representative from the county emergency management agency indicated the plan that was submitted by the facility on was a second submission based on a review of the plan that was conducted on . In addition, the email indicated the facility's plan had not been approved.

Class III