

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED R 03/05/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the Change of Ownership (CHOW) was conducted on Savannah Grand of Maitland, License#10704 had a deficiency found at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC DEFICIENCY REMAINED UNCORRECTED Based on an interview the facility failed to have an approved comprehensive Emergency Management Plan (CEMP) from the local emergency management agency. Findings: On at 1:30 p.m., the administrator stated she had not received an approval letter from the local emergency management agency. She had submitted the facility CEMP to the applicable county on Class III		