STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968973	**02/21/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER SHORES LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2317 GILMORE ST** **JACKSONVILLE, FL 32204**	

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

0000 - Initial Comments

On , 2018 an unannounced biennial relicensure survey with Limited Nursing Services was conducted at Silver Shores Assisted Living (License #12806). Deficient practice was identified during the survey.

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

Based on facility record review and staff interview the facility failed to update its CEMP (comprehensive emergency management plan) on an annual basis. Any substantive changes including changes of personnel must be submitted to the local emergency agency for approval.

The findings include:

Review of facility records showed the most recent letter of approval of the emergency preparedness plan was dated , 2016 from Jacksonville Fire and Rescue.

During an interview with the Administrator on at 1:15 PM he agreed this was the most recent approval of the emergency plan. He said he was not aware the plan needed to be updated annually.

Class III