STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967134	**03/26/2018**
NAME OF PROVIDER OR SUPPLIER **CARMITA'S HOME HEALTH, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2700 CONWAY GARDENS ROAD** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Carmita's Home Health, Inc. license # 11236 had a deficiency at the time of the visit.

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

Based on interview and record review the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management for approval yearly.

Findings:

In an interview with the administrator on . . . . . at 1 PM, who said that the facility's CEMP last approval was in 2016. He said the plan was submitted on 2017. On , an e-mail was received from the county emergency management and corrections were requested. The corrections were submitted in 2018.

Class III