STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969199	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **WINDERMERE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7050 BRAMLEA LN** **WINDERMERE, FL 34786**	

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

0000 - Initial Comments

A Complaint Investigation #2018000660 was conducted on . . Windermere Assisted Living Facility Corp, license #13023 had no deficiencies at the time of the visit.

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

Based on interview, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was submitted for review and approval to the local emergency management agency within 30 days after obtaining a license.

Findings:

The facility obtained its initial license on .

On at 10 AM, the assistant manager was asked to provide the facility's comprehensive emergency plan approval letter. He could not locate the letter and called the administrator. During a telephone interview conducted with the administrator on at 10:30 AM, he said at the time the CEMP was submitted and he was waiting on approval.

Class III