STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	R **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

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

0000 - Initial Comments

A revisit to complaint investigation #2017014036 was conducted on . . . . Wellsprings Residence Assisted Living Facility, license #12479 had no deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

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 administrator was asked to provide the facility's comprehensive emergency plan approval letter.

The administrator said at the time, the facility had submitted the plan and was required to provide additional information. The administrator said the information was submitted to the local emergency management agency on . She said the facility had not received a CEMP approval letter.

Class III