STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	R **04/03/2018**
NAME OF PROVIDER OR SUPPLIER **EDEN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5047 CLARCONA OCOEE ROAD** **ORLANDO, FL 32810**	

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

0000 - Initial Comments

On . . . a revisit to the abbreviated relicensure survey was conducted at Eden Manor Assisted Living Facility License # 10439.
There was a deficiency identified during the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on interview, the facility did not have evidence the comprehensive emergency management plan was approved by the local emergency management agency.

Findings:

On at 8:45 AM, during a telephone interview with the administrator, she was asked for the approval letter for the facility's Comprehensive Emergency Plan (CEMP). The administrator said at the time the plan was submitted, however, the facility had not received the approval letter.

Class III