STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953669	R **04/25/2018**
NAME OF PROVIDER OR SUPPLIER **MAYFLOWER ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1620 MAYFLOWER COURT** **WINTER PARK, FL 32792**	

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

0000 - Initial Comments

A revisit to the re-licensure was conducted on . . . . . Mayflower Assisted Living Facility, License #8680 had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED.

Based on facility record review and interview, the facility failed to have an approval letter for its Comprehensive Emergency Management Plan (CEMP) from the local emergency management agency.

Findings:

On . . . . . at 11:30 a.m., the administrator confirmed she had not received an approval letter for the CEMP.

Class III