STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968537	R **04/23/2018**
NAME OF PROVIDER OR SUPPLIER **ELITE MANOR-KISSIMMEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 SUNNY DAY WAY** **KISSIMMEE, FL 34744**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . . Elite Manor-Kissimmee, License#12424, 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 office.'

Findings:

On . . . . . at 9:45 a.m., the administrator confirmed she had not yet received an approval letter for the CEMP. She further stated she had submitted on to the local emergency management office and had called to check for the letter daily.

Class III