STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964270	C **03/12/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On [redacted], an unannounced monitoring survey for Limited Nursing Services was conducted in conjunction with a complaint survey (CCR#2018002884) at Brookdale Leesburg Assisted Living, license #8882. The facility was not in compliance at the time of the survey.

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

Based on interview and record review, the facility failed to ensure the their Emergency Preparedness plan was approved by the local county Office of Emergency Preparedness.

Findings

A review was conducted of the facility 2017 Comprehensive Emergency Management Plan (CEMP) binder. There was no documentation in the binder that the facility had submitted a CEMP to the local county (Lake County) Office of Emergency Preparedness (OEP) for review and approval.

On [redacted] at 12:16 PM, an interview was conducted with the facility Business Office Manager (BOM). The BOM stated that he has submitted a plan in [redacted] 2017 to the Lake County OEP, but has no documentation that the plan had been received by the county, nor that it had been reviewed and approved.

Class III