STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969055	R **04/24/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER CREST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2017014068 was conducted on . . . Silver Crest Home, License#12867, had a deficiency recited at the time of the visit.

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

DEFICIENCY 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 1 PM, the owner stated his administrator had submitted the CEMP to the local emergency management agency on . He has not yet received an approval letter.

Class III