STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968865	R 05/01/2018
NAME OF PROVIDER OR SUPPLIER **ROBERTS ADULT CARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1615 GLENDALE RD** **ORLANDO, FL 32808**	

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 . . . . . Roberts Adult Care Home, License#12813, had deficiencies found 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 12:30 p.m., the administrator confirmed she had not received an approval letter from the local emergency management agency.

Class III

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to submit an adverse incident report when law enforcement was called to conduct an investigation regarding Resident#1.

Findings:
Record review for resident#1 revealed a facility note dated that noted:

Family member called police to report that resident#1 name listed, was not being taking care of. Officer observed no distress or mistreatment.

On . . . . . at 1:30 p.m., the administrator confirmed she had not submitted an adverse incident report.

Unclassified