STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	**05/23/2018**
NAME OF PROVIDER OR SUPPLIER **SALUS SENIOR SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 NEW YORK ST** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A complaint investigation #2018004105) was conducted on . . . . Salus Senior Services, 2400 New York Street, Melbourne 32904 (LIC#12001) had a deficiency at the time of the visit.

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

Based on record review and interview, the facility failed to obtain an annual approval for their Comprehensive Emergency Management Plan (CEMP).

Finding:

1. During a review on . . . . . of the facility's comprehensive emergency plan criteria for assisted living facilities, it was revealed the facility did not have an approval for the plan from the Brevard County Management, as of this date.

2. In an interview on . . . . . at 11 am with the Owner/Operator, she confirmed the Emergency Management plan was sent to the county on . She stated she was not aware of any of the facility's previous approved emergency management plan from the county.

Class III