STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968590	R **06/12/2018**
NAME OF PROVIDER OR SUPPLIER **GLENVILLE PINES II ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1491 SAN FILIPPO DR SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to a Change of Ownership (CHOW) survey with Limited Nursing Service (LNS) was conducted on . Glenville Pines 2 Assisted Living Facility, License #12461, had a deficiency at the time of the visit.

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

Based on facility record review and interview, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) that was approved by the county Office of Emergency Management.

Findings:

Upon request to review the CEMP approval from the county, the administrator said she did not have one.

On at 2:00 PM, the administrator said she had just received the approval from the fire marshal and was going to send that into the county Office of Emergency Management for the CEMP approval, but had not submitted it.

Class III