STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967456	R **06/12/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ASSISTED LIVING ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2910 OLD CANOE CREEK ROAD** **SAINT CLOUD, FL 34772**	

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

0000 - Initial Comments

The revisit to a monitoring survey was conducted on . . . . . Silver Creek Assisted Living license # 11478, had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on interview and record review the facility did not have an approved Comprehensive Emergency Plan (CEMP).

Findings:

In an interview with the administrator on . . . . . at 9:30 AM, who said the CEMP was submitted to the county and a letter was received. A letter dated . . . . . from the Osceola County Emergency Management Office indicated the facility's CEMP was received and their office will contact the facility with the results after their assessment within the next 60 days.

Class III