STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968865	R **06/13/2018**
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 second revisit to the biennial licensure survey was conducted on . . . ., 2018. Roberts Adult Care Home, license #12813, had a deficiency at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility failed to submit its emergency management plan for review and approval to the local emergency management agency annually.

Findings:

On . . . . at 1:50 pm, the administrator provided documentation that indicated a third revision of the facility's emergency plan was submitted to the local emergency management agency and she said the plan had not been approved.

Class III