STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964944	R-C **06/15/2018**
NAME OF PROVIDER OR SUPPLIER **SHADY ACRES ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 COUNTY ROAD 782** **WEBSTER, FL 33597**	

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

0000 - Initial Comments

On , 2018 a follow-up desk review was conducted on Shady Acres Assisted Living Facility (license#9373). Deficient practice was identified during the review.

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

Based on record reviews and interviews the facility failed to have documentation of an approved Emergency Plan as required.

Findings:

On , 2018 a record review was conducted on the facility for an approved Emergency Plan letter, which was supposed to be submitted to the Agency by . No Approved plan had been faxed or emailed to the Agency.

On at approximately 11:15 AM contact was made with staff A at the facility. Staff A was asked if the facility had an approved letter for their Emergency Plan. Staff A stated that their emergency plan was rejected and had to be resubmitted.

The Facility has had 3 months to get an approval Emergency Plan and has failed to do so.

Class III