

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968653	(X3) DATE SURVEY COMPLETED R 06/21/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING OF TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2375 JAY JAY RD TITUSVILLE, FL 32796	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the re-licensure survey with Extended Congregate Care (ECC) and Limited Nursing Service (LNS) was conducted on Southern Living of Titusville, License #12517, had deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC DEFICIENCY REMAINED UNCORRECTED. Based on facility record review and interview, the facility failed to have an approval letter for its Comprehensive Emergency Management Plan (CEMP) from the local emergency management agency. Findings: On at 2:30 p.m., the administrator stated she had submitted the facility CEMP to the local emergency management agency on She had not yet received an approval letter. Class III		