STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969024	R **08/02/2018**
NAME OF PROVIDER OR SUPPLIER **GUIDING LIGHT SENIOR LIVING 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1073 HUNT ST NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A second revisit to the re-licensure survey with Limited Mental Health was conducted on . Guiding Light Senior Living #2 license #12848 had a deficiency at time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management for approval yearly.

Findings:

In a telephone interview with the administrator on at 2 PM, who said she submitted the plan but the local emergency management office was backlogged and had not reviewed the plan yet. She instructed the staff to provide an e-mail from Brevard Emergency Management Office.

The staff provided an e- mail dated from the Brevard Emergency Management Office addressed to the facility administrator/owner that stated the plan was received, was under review and plans were reviewed in the order received.

Class III