STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	**07/20/2018**
NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE** **CRESTVIEW, FL 32539**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted in conjunction with a generator assessment on , , 2018 at Safe and Secure Respite Care, LLC, state license #9977. At the time of the survey, deficient practice was identified.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of the facility's comprehensive emergency mangement plan and interview with the facility owner, the facility failed to notify the resident and resident representative, within five (5) business days, that their emergency plan had been submitted for review and approval to the local emergency management agency.

Findings Include:

Review of the facility's emergency management plan and resident charts failed to demonstrate the facility had notified the residents or the residents' representatives, in writing, that they had submitted their emergency plan to the local emergency management agency for review and approval.

On at approximately 12:30 PM, an interview was conducted with the owner who stated the facility was not aware they needed to inform the residents and residents' representatives, in writing, of the implementation of the plan.

Class III