STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969018	R **08/13/2018**
NAME OF PROVIDER OR SUPPLIER **AGING HOME PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 ZACALO WAY** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

The revisit to the re-licensure survey was conducted on [redacted] and on [redacted]. Aging Home Paradise license # 2865 had a deficiency found at the time of the visit.

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

Revisit conducted. Deficiency A- 181 remained uncorrected.

Based on interview the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management within 30 of obtaining the initial licensure and yearly thereafter.

Findings:

In an interview with the administrator on [redacted] at 2 PM that the plan had not been approved as of yet. The emergency management office requested additional information.

Class III