STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967658	**10/03/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING HILL GARDENS ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3010 GREYNOLDS AVENUE** **SPRING HILL, FL 34608**	

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

0000 - Initial Comments

An unannounced biennial re-licensure survey was conducted on , 2018 at Spring Hill Gardens Assisted Living Facility (License #11658), Spring Hill, FL. Deficient practice was identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) submitted to the local emergency management agency for review and approval on annual basis.

Findings:

A record review revealed no evidence of the facility's annual CEMP approval letter from the local emergency management agency. Further review revealed a letter dated , 2018 from the local emergency management agency confirming the receipt of the facility's CEMP submission.

On at 2:15 PM, an interview was conducted with the Administrator, who confirmed she had recently submitted the facility's Comprehensive Emergency Management Plan for review and approval but did not have an approval yet. When asked if she had an approval letter from the local emergency management agency for 2017, she could not confirm whether she did or did not.

On at 2:17 PM, a telephonic interview was conducted with the local emergency management . He stated in checking back on the 2017 assisted living facility CEMP approvals he did not see a 2017 approval for the facility in question.

Class III