

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967466	(X3) DATE SURVEY COMPLETED 10/23/2018
NAME OF PROVIDER OR SUPPLIER GINNY'S PLACE II, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 TURTLEMOUND ROAD MELBOURNE, FL 32934	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted on Ginny's Place II, license # 11473, had a deficiency at the time of the visit.

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

Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was approved by the county Office of Emergency Management on an annual basis as required by 58A-5.026(2) FAC.

Findings:

Review of the facility records for the facility's CEMP and approval letter revealed the most recent approval letter from the county Office of Emergency Management was dated

On at 10:30 AM, the administrator stated she had submitted their plan for approval in 2018. She provided a copy of the email from the county documenting the plan had been received on The administrator confirmed she did not have a current approval letter from the county.

Class III