STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968719	R **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **IMMACULEE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5758 OAK HILL MANOR DR** **ORLANDO, FL 32839**	

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

0000 - Initial Comments

A second revisit to a re-licensure survey was conducted on . . . . . Immaculee Home Care Assisted Living Facility (License #12912) had a deficiency that remained uncorrected.

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

DEFICIENCY REMAIN UNCORRECTED
Based on a interview, the facility did not have documentation of the Comprehensive Emergency Management Plan (CEMP) approval letter from the local emergency agency as required annually.

Findings:

On //2018 at 11 AM, an interview with the Owner stated he confirmed the finding.

Class III