STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **GREEN TREE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8207 FOREST CITY ROAD** **ORLANDO, FL 32810**	

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

0000 - Initial Comments

A Complaint investigation #2018012822 was conducted on . . . . . Green Tree Assisted Living, LLC Assisted Living Facility, license #5578 had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of the Facility's records and interview, the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval.

Findings:

Review of the facility's record revealed their Emergency power plan was approved on . . . . . Review of the facility's emergency power plan documentation revealed there was no documentation to confirm within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval.

On . . . . . at 2 PM, the manager of operations and compliance said she was not aware that the resident and their representatives were to receive the above notification.

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