

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced follow up survey was conducted on at Savannah Court of Orange City (License #9243). The facility had licensure deficiencies at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on facility record review and staff interview, the facility failed to have an approved Comprehensive Emergency Management Plan (CEMP) plan, having the potential to affect all residents currently living in the facility. The findings include: On at 4:00 PM, the Executive Director and Director of Operations were asked to produce their letter from the county that the CEMP was approved. The Director of Operations pulled out a book and presented a letter from the County dated . The County acknowledged receiving the CEMP, but upon review it was found not to satisfy minimum criteria, and revisions were requested. The Director of Operations stated she was sure that the revision was resent and she would provide evidence of that. No other evidence was provided by the facility upon exit on at 4:45 PM. Class III		