STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969100	**12/12/2018**
NAME OF PROVIDER OR SUPPLIER **TOMEGUIN GARDEN ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **107 CELAVA CT** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Tomeguin Garden Assisted Living, license #12952, 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:

Request to review the facility's CEMP and approval letter revealed the most recent approval letter was dated .

On at 10:30 AM, the administrator stated she had submitted their plan for approval, it was sent for corrections on , and was resubmitted on . She said they are waiting for the approval.

Class III