STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967466	R **12/10/2018**
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

The revisit to the re-licensure survey was conducted on . . . . . Ginny's Place II LLC. Assisted Living Facility (License #11473) had a deficiency that remained uncorrected at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on a telephone interview, the facility failed to have documentation of the Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency.

Findings:

On at 4:55 PM, a telephone interview with the Administrator confirmed the finding. . The last CEMP approval was on . . . . .

Class III