STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968376	**01/14/2019**
NAME OF PROVIDER OR SUPPLIER **CARMITAS ASSISTING LIVING FACILITY III, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **939 PARK MANOR DR** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Carmita's Assisting Living Facility III, LLC license 12312, had a deficiency at the time of the visit.

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

Based on interview the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management yearly for review and approval.

Findings:

In an interview on at 1 PM with the manager/owner who stated the CEMP was submitted Orange County Office of Emergency Management, sometime last year. He received an e-mail from the Orange County Office of Emergency Management that requested he submit his plan again. The CEMP was submitted gain on .

Class III