STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968448	**01/22/2019**
NAME OF PROVIDER OR SUPPLIER **SERENADES BY -WEST ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **720 ROPER ROAD** **WINTER GARDEN, FL 34787**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Services (LNS) was conducted on . Serenades by -West Orange Assisted Living Facility, License #12328 had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of the Florida health finder.gov 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 environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and the final implementation of the plan.

Findings:

Review of the Florida health finder.gov website revealed the facility reported to the agency that their emergency environmental control plan was approved on and their plan's implementation date was noted as .

Review of a letter that the administrator said was provided to the resident's representative revealed the letter did not inform the residents or their representatives upon submission of the emergency environmental control plan to the local emergency management agency and that the plan had been submitted for review and approval and that the facility had implemented their plan.

On at 12:30 PM, the administrator confirmed she did not within five (5) business days, notify in writing the resident's family of the submission and implementation of the plan as required.

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