STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	R **01/17/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2018000639 was conducted on . . . . . Sunny Days Retirement Home, license #10955, had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to provide documentation to indicate its Comprehensive Emergency Management Plan (CEMP) was approved on an annual basis by the local emergency management agency.

Findings:

On at 10 a.m. a request was made to review the facility's approval letter for its emergency management plan.

On at 4:45 p.m. the administrator said she could not provide a date when the plan was first submitted for review and she provided an email from the county emergency management, dated that indicated the plan was rejected pending a satisfactory fire inspection. She said a satisfactory fire inspection was obtained and the plan was resubmitted for review on and an approval had not yet been received.

Class III