STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967056	**01/10/2019**
NAME OF PROVIDER OR SUPPLIER **KARE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2715 UINTAH AVENUE** **ORLANDO, FL 32805**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted on . . . . . Kare Assisted Living LLC, had a deficiency at the time of the visit.

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

Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing an approved Comprehensive Emergency Management Plan (CEMP).

Findings include:

On . . . . . at 12:15 p.m. interview with the facility administrator who stated the facility has not received their approval from Orange County Emergency Management for the facility CEMP.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan.

Findings include:

On . . . . . at 12:15 p.m. during an interview and tour of the facility, the agency observed a generator in the garage area. Interview with the staff revealed they were unaware of how to operate the backup emergency generator.

Class III