STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	R **01/29/2019**
NAME OF PROVIDER OR SUPPLIER **DR PHILLIPS ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5412 PALM LAKE CIRCLE** **ORLANDO, FL 32819**	

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

0000 - Initial Comments

A revisit was to the re-licensure survey was conducted on . . . . . Dr. Phillips Assisted Living Facility, INC, Orlando (LIC#10574) had a deficiency at the time of the visit.

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

Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was approved by the county Office of Emergency Management on an annual basis as required by 58-5.026 (2) FAC.

Findings:

Request to review the facility's CEMP and approved letter confirmed the facility failed to obtain an approval letter from the Emergency Management Office. The Emergency plan was present and reviewed.

On at 12 pm, the administrator stated she had submitted the plan for approval but did not have a current approval letter from the county.

Class III