STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964471	R **01/30/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN HOME CARE MGMT**	STREET ADDRESS, CITY, STATE, ZIP CODE **739 BERNICE COURT** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

A revisit was to complaint #2018012121 was conducted on . . . . . Southern Home Care MGMT, (LIC#9011) 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) was approved by the county Office of Emergency Management on an annual basis as required by 58A-5.026 (2) FAC.

Findings:

Review of the facility documents revealed the facility did not have an emergency power plan approval letter from the Office of Emergency Management (OEM).

In an interview with the administrator on at 9 am, the administrator confirmed he submitted the plan to Orange County Emergency Management Agency but had not received an approval letter as of today's date.

Class III