STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968869	R-C **01/16/2019**
NAME OF PROVIDER OR SUPPLIER **REGENCY PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **15000 HWY 441** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

On [redacted] and [redacted], an unannounced follow-up to bed increase survey was conducted by desk review for Regency Park Assisted Living Facility (License #12750), Eustis, Florida. Deficient practice was identified at the time of the survey.

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

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

Findings:

On at 09:25 AM, a telephonic interview was conducted with Lake County Office of Emergency Management. Emergency Management Associate confirmed that the facility submitted no emergency management plan for review and approval.

On at 12:33 PM, a telephonic interview was conducted with the Administrator, who stated she had not submitted the Comprehensive Emergency Management Plan to the local emergency management agency for approval.

A record review indicated that the facility submitted its Comprehensive Emergency Management Plan for review and approval to the local emergency management agency on [redacted].

Class III