STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964204	**03/25/2019**
NAME OF PROVIDER OR SUPPLIER **GREENWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2680 CROTON ROAD** **MELBOURNE, FL 32935**	

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

0000 - Initial Comments

A Change of Ownership (CHOW) survey was conducted on . Greenwood Place Assisted Living Facility with Limited Nursing Services (LNS) had deficiencies at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the county health department reports review and interview, the facility failed to have evidence of an annual health department inspection report that was satisfactory

Findings:

Review of facility records revealed the group care county health department report was dated and the food service inspection report dated both were unsatisfactory. Further review revealed both reports contained violations.

On at 11 AM, the administrator said, the violations were corrected. She said the health department had not return to facility to clear the violations.

Class III

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

Based on the facility's documentation and interview, the facility failed to obtain an updated copy of the Comprehensive Emergency Management Plan (CEMP) letter of approval from the local emergency management office after a Change of Ownership (CHOW) occurred recently.

Findings:

Review of the facility's latest fire inspection report dated revealed the facility had a satisfied inspection for Change of Ownership but no documented evidence of a CEMP approval reflecting the change. Last CEMP approval on for Brookdale Eau Gallie Assisted Living Facility.

On at 2:30 PM, an interview with the Administrator who confirmed the finding. The Administrator further stated that she had already been in contact with the local emergency management office about the change.

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Class III