STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963788	R **04/16/2019**
NAME OF PROVIDER OR SUPPLIER **PANORAMA LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1030 BALMY BEACH DRIVE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A revisit survey was conducted on . Panorama Assisted Living, Apopka LIC#8705 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 had no evidence to confirm the Comprehensive Emergency Management Plan (CEMP) was reviewed annually.

Findings:

Review of the facility's CEMP approval letter revealed it was dated , the local emergency management agency noted on the letter it was approved through .

On at 12pm, the administrator stated the plan was submitted on and she has not received an approval from the county as of yet.

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