STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	R **05/13/2019**
NAME OF PROVIDER OR SUPPLIER **PALMETTO LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

A revisit to a change of ownership survey was conducted at Palmetto Landing Assisted Living Facility on . . . A Deficiency was uncorrected at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on the review of the environmental control plan approval letter and interview, the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and that the plan was implemented.

Findings:

The facility received a provisional license on . . due to a change of ownership and submitted environmental control plan to the local emergency management agency for review and approval.

Review of the approval letter for the environmental control plan revealed it was approved on .

On at 10:30 AM, the administrator said the facility's plan was implemented. He was asked at the time if the facility had notified in writing within five business days, each resident and the resident's legal representative that the emergency environmental control plan was submitted to the local emergency management agency for review and approval and that the plan was implemented.

The administrator said at the time that the facility had not provided letters to each resident and the resident's legal representative as required.

Class III