STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	R **03/08/2019**
NAME OF PROVIDER OR SUPPLIER **THE ROSE GARDEN OF ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **9309 S ORANGE BLOSSOM TRAIL** **ORLANDO, FL 32837**	

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

0000 - Initial Comments

A second revisit the re-licensure survey was conducted on . . . . . Plantation Oaks Senior Living license # 12300 had a deficiency found at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility had no evidence to confirm that their emergency power plan (EPP) was approved.

Findings:

In an interview on at 11 AM with the owner who said Orange County Emergency Management requested additional information. The facility submitted the information and is awaiting approval. Review of the facility's EPP revealed the additional documentation was submitted on .

Class III