STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968921	R **07/30/2019**
NAME OF PROVIDER OR SUPPLIER **SERENITY VILLA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **559 HEWETT DR** **ORLANDO, FL 32807**	

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

0000 - Initial Comments

A revisit to a generator monitoring was conducted at Serenity Villa ALF LLC. Assisted Living Facility on . . . . . . A deficiency was found to remain uncorrected at the time of the survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on facility documentation and interview, the facility failed to obtain a copy of the Comprehensive Emergency Management Plan (CEMP) approval from the local emergency management agency on annual basis as required.

Findings:

Reviewed the facility's last CEMP approval letter dated on from the local emergency management agency. No documented evidence of the CEMP approvals for year 2017, 2018 & 2019. "Photographic evidence obtained"

On at 11:45 AM, an interview with the Administrator confirmed the finding and further stated that she already submitted the 2019 CEMP to the local emergency management agency on . . . . . and submitted twice prior.

Class III