

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910759	(X3) DATE SURVEY COMPLETED 05/03/2017
NAME OF PROVIDER OR SUPPLIER ATRIA WINDSOR WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 13707 DALLAS DRIVE HUDSON, FL 34667	

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

0000 - Initial Comments

Assisted Living Facility

On _____, 2017, a biennial re-licensure survey was conducted at Atria Windsor Woods. Deficient practice was identified during the survey.

(License # 7242)

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

Based on interview and record review, the facility failed to submit its emergency management plan for review and approval by the local emergency management agency on an annual basis.

Findings included:

During the entrance conference conducted on _____, a request was made to the Administrator to provide proof of approval from the local emergency management agency of the facility's emergency management plan.

At 10:25 AM on _____, the Administrator provided a copy of an approval letter from the local fire marshal for the facility's fire safety plan dated _____ (Photographic Evidence Obtained). The Administrator indicated that this was the last approval received on record.

During the exit conference conducted at 3:20 PM on _____, the Administrator stated that they were informed that the emergency management plan did not have to be submitted on an annual basis.

Class III