

-----New Submission Received-----  
01/09/2019 07:35

-----FAR Deadline-----  
01/24/2019

-----Information Request Deadline-----  
02/08/2019

-----Submission Deadline-----  
04/09/2019

-----Case Number-----  
2019-0350

-----Facility Info-----  
Name: ENCHANTED LIVING FACILITY  
Number (ACHA): 11968724

-----Document Service Information-----  
First Name: Henry  
Last Name: Stamps  
Correspondence Preference: E-mail  
Email Address: flastamps@yahoo.com  
Street Address: Not Needed  
Street Address 2: Not Needed  
City: Not Needed  
Zip: Not Needed

-----Submission Information-----  
Rule Number: 58A-5.036  
User Typed Rule: Not Needed  
Waiver Type: temp  
Temp Waiver Expiration Date: 03/07/2019  
Confirmation Number: 11968724-65396

Attachment: 58A emergency control plan.docx  
Attachment: revised CEMP.docx  
Attachment: EMERGENCY MANAGEMENT PLAN.docx  
Attachment: ExtensionNotification (3).docx  
Attachment: 2019-1-8\_72626.pdf

User Comments: ENCHANTED LIVING FACILITY  
6224 BOLLING DRIVE  
ORLANDO, FLORIDA 32808  
(407)412-5676  
Email: flastamps@yahoo.com

Application for wavier for the emergency environmental control plan.

Action Required: The initial application for the CEMP was submitted on -----.  
It is pending approval by Orange County Florida.

The approval of this application is indicated for the biennial survey due January, 2019. Although the application for approval of the facility's Emergency Management plan has been submitted, approval has not been received to date. Subsequently the Agency of Healthcare of Administration requires a wavier/variance and order to conduct a survey. Without an approval there is a risk that the facility will not qualify for its survey.

Specific articulated facts that show Substantial hardship or violate; Principle of Fairness: N/A

\*SEE ATTACHED COPIES OF THE INITIAL APPLICATION FOR COMPREHENSIVE EMERGENCY MANAGEMENT PLAN, REQUESTS FOR EXTENSIONS OF THE C.E.M.P.