STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967319	**05/17/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER DAYS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8823 SW 151 COURT** **MIAMI, FL 33196**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . and concluded on . . . . . Silver Days ALF (License #11376) had a deficiency found at the time of the survey:

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

Based on record review and interview the facility failed to provide documentation of an updated Emergency Management Plan submitted and approved by the local agency.

Findings included:

Record review revealed the facility had an approved Emergency Management Plan available for review dated .

On at 10:00 AM the owner was contacted and asked if the facility had received the approved Emergency Management Plan and she stated the facility still had not received it.

Class III