STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965569	**10/25/2018**
NAME OF PROVIDER OR SUPPLIER **BOCA RATON**	STREET ADDRESS, CITY, STATE, ZIP CODE **9591 YAMATO ROAD BOCA RATON, FL 33434**	

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

0000 - Initial Comments

An unannounced Relicensure survey with Limited Nursing Services (LNS) was conducted on and at Boca Raton, License #9911. The facility had a deficiency identified at the time of the visit.

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

Based on record review and interview, it was determined the facility failed to have their Comprehensive Emergency Management Plan (CEMP) submittied and approved annually by the Emergency Management Division.

The findings included:

During review of the Facility's CEMP on , it was noted that the facility's CEMP was approved until , 2018. The approval letter documented that the update was due by , 2017. The facility provided evidence that they submitted their new plan on , 2018. The plan was rejected , 2018.

During an interview with the Regional Director and the Administrator on at 9:45 AM, they reported that they resubmitted the corrections on , 2018. As of the date of this review, the facility did not have an approved CEMP.

Class III