STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8220 JOG ROAD** **BOYNTON BEACH, FL 33437**	

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

0000 - Initial Comments

An unannounced licensure complaint (CCR#2018015218) survey was completed at Brookdale West Boynton Beach on & . The facility had a deficiency unrelated to the complaint identified 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 submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The findings include:

On at approximately 12:30PM, the surveyor requested the facility's approved CEMP from the Administrator. The facility provided the last approved CEMP that was dated and approved through , . The recommended submittal date was , . Further review revealed the facility submitted the Initial Plan for review on . The facility received a notice of deficiency letter dated . At this time, the facility has not resubmitted the 2nd Plan Revision for review.

On at 1:00PM, the Administrator was interviewed and stated she requested a extension from the local emergency management agency Senior Planner, due to the 2nd Revision date falling on which was the holiday week. At this time, she acknowledged the facility does not have an approved CEMP.

Class III