STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	R 02/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH OAKS ASSISTED LIVING HOME, LLC	**6141 SW 34TH STREET MIRAMAR, FL 33023**

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

0000 - Initial Comments

An unannounced Relicensure third revisit survey was conducted by desk review on . . . . . for South Oaks Assisted Living Home, License #5855. A previously cited deficiency was found uncorrected.

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

Based on record review and an interview, the facility failed to obtain annual approval of their Comprehensive Emergency Management Plan (CEMP) by the local Emergency Management Agency for the county.

The findings included:

Review of the facility's annual approval of their CEMP revealed a plan that expired on .

Review of the county Emergency Management Division's database shows the facility submitted their CEMP for annual renewal on . . . . . The plan was rejected on , then resubmitted to the county on . A representative from the county Emergency Planning Division confirmed this information on . . . . . at 8:48 AM. The CEMP is currently under review and has not been approved as of this date.

Class III
Uncorrected Deficiency