STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968850	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **PATH OF LIFE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1240 SUMMERWOOD CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

A Relicensure survey was conducted on at Path of Life Assisted Living, LLC. The facility had a deficiency at the time of the survey.

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

Based on record review, observation and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

Findings Include:

During the Relicensure Survey conducted on between 9:50 AM and 9:55 AM, this surveyor interviewed the Administrator and inquired as to the status of their CEMP. The Administrator provided this surveyor with the facility's Disaster Plan containing their CEMP.

During review of the binder, it was observed that the Plan dated , was approved until . The Administrator reviewed the document, and stated that she looked at the Plan and thought that it was approved until 2019. The Administrator stated, they would have it completed and submitted.

On at 1:10 PM, this surveyor met with the Administrator to conduct the Exit. This surveyor provided the findings of the survey; and reminded the Administrator that the CEMP was expired.

Class III