Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969632	A. BUILDING: _____ B. WING _____	12/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CASCADES AT DELRAY SENIOR LIVING	2010 SW 11TH COURT DELRAY BEACH, FL 33445

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (#2025017041, #2025000045 and #2025010057) and Generator Monitoring survey was commenced on and concluded on at The Cascades At Delray Senior Living. The facility had deficiencies identified related to the Relicensure and Generator Monitoring at the time of the survey.	A 000		
A 092	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide	A 092		

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A 092	Continued From page 1 regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on interviews, record review and observation, the facility failed to implement procedures to establish and maintain a safe and sanitary kitchen environment, as evidenced by the presence of insects (roaches). As a result of unsatisfactory food service inspections conducted on and the Department of Health (DOH) mandated the facility to immediately cease the operation of the kitchen for all food services. This closure affected the entire resident census of 52 (Resident #1-#52). The findings included: A review of the facility's Sanitation Policy and Procedure documented the following: POLICY It is the policy of this Assisted Living Facility (ALF) to maintain a clean, sanitary, and safe environment at all times in order to protect the health, safety, and well-being of residents. The facility shall comply with Florida Statutes Chapter 429, Florida Administrative Code 59A-36, applicable Department of Health (DOH) requirements and recognized control standards. PURPOSE To establish standardized sanitation practices that	A 092		

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A 092	Continued From page 2 prevent the spread of , ensure regulatory compliance, and promote a safe living environment. SCOPE This policy applies to all staff, contractors, and all areas of the facility including dining areas and kitchens. PROCEDURE GENERAL SANITATION STANDARDS The facility shall be maintained in a clean and sanitary condition at all times. EPA-approved shall be used according to manufacturer instructions. Cleaning schedules and logs shall be maintained. KITCHEN & FOOD STORAGE AREAS (If Applicable) Kitchen areas shall comply with DOH sanitation requirements. Food shall be stored at proper temperatures. Refrigeration logs shall be maintained. PEST CONTROL The facility shall maintain a pest control program with a licensed provider. Service records shall be maintained. STAFF RESPONSIBILITIES The Administrator oversees sanitation compliance. TRAINING Staff shall receive sanitation and control training upon hire and annually thereafter. Training records shall be maintained. MONITORING & DOCUMENTATION Cleaning logs, pest control reports, and training	A 092		

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A 092	Continued From page 3 records shall be maintained and available for survey. During an interview on at 9:30 AM, the surveyor made a request to the Administrator to provide copies of the DOH last two years of food service inspection reports. At this time, the Administrator stated that the facility had a scheduled visit from the DOH on . The Administrator provided the surveyor with copies of the DOH satisfactory reports dated and inspections. No additional documentation for 2025 DOH inspection reports were provided. However, during a Facility Relicensure survey from to , a team of surveyors met with the Department of Health representative during routine Reinspection visit that was conducted on . During a Re-inspection visit on , the representative of the Department of Health completed a routine inspection of the facility's food service areas. A review of the DOH Inspection Report dated revealed the facility received violations in the following areas and documented as follows: 1) Insects Observed over 15 live roaches in range in the main kitchen. One live roach observed in multi-function oven unit. Observed two egg cases in multi-function unit. 2) Demonstration of knowledge/Training Missing documentation for annual employee training. All employees shall be trained at least	A 092		

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A 092	Continued From page 4 annually and records maintained for review. 3) washing sinks, accessible and supplies Automatic washing sinks in Memory Care kitchen turns on for only 2 seconds. Automatic washing sinks shall be on for at least 15 seconds. 4) Food -contact surfaces; cleaned and sanitized High temperature sanitizing dish machine in ALF kitchen reading 156F and in main kitchen on Temp Disc. High temperature sanitizing dish machine shall be at least 160F at plate level. 5) Proper cooling methods; adequate equipment Pans of mashed potatoes, rice and chicken in deep pans with tightly wrapped plastic. Food cooling shall be rapidly cooked and not tightly wrapped. 6) Food and non-food contact surfaces Gaskets torn and damaged on reach in warmer units marked Memory Care. All equipment shall be in good repair. 7) Plumbing installed; proper backflow devices Waste pipe installed on floor going from prep sink to floor drain in main kitchen. Horizontal pipes shall not be installed on the floor rendering it difficult to clean. 8) Facilities installed, maintained and clean Ceiling tiles stained and missing in dry storage room. Ceilings shall be in good repair. Paper towel dispenser in Memory Care kitchen and washing sink next to prep area in main kitchen not dispensing. All accessories shall be in good repair. The violation resulted in the facility receiving an	A 092		

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A 092	Continued From page 5 "Unsatisfactory" inspection (copy obtained). Due to presence of live roaches in the main kitchen a Reinspection was given dated (next day). On a Re-inspection visit from the Department of Health was conducted. A review of the DOH Inspection Report dated revealed the facility received violations in the following areas and documented as follows: 1) Insects Observed over 7 live roaches in floor stand mixer, two live roach in Cambro unit, two live roaches behind reach in cooler next to exit door, one live roach on dish washing area, two live at tilt skillet, one live on wall behind tilt skillet, two live on 2 burner pot stove, one one inside paper towel dispenser. Establishment should be free of pest. 2) Demonstration of knowledge/Training Missing documentation for annual employee training. All employees shall be trained at least annually and records maintained for review. 3) washing sinks, accessible and supplies Automatic washing sinks in Memory Care kitchen turns on for only 2 seconds. Automatic washing sinks shall be on for at least 15 seconds. 4) Food -contact surfaces; cleaned and sanitized High temperature sanitizing dish machine in ALF kitchen reading 156F and in the main kitchen on Temp Disc. High temperature sanitizing dish machine shall be at least 160F at plate level. 5) Proper cooling methods; adequate equipment	A 092		

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A 092	Continued From page 6 Pans of mashed potatoes, rice and chicken in deep pans with tightly wrapped plastic. Food cooling shall be rapidly cooked and not tightly wrapped. 6) Food and non-food contact surfaces Gaskets torn and damaged on reach in warmer units marked Memory Care. All equipment shall be in good repair. 7) Plumbing installed; proper backflow devices Waste pipe installed on floor going from prep sink to floor drain in main kitchen. Horizontal pipes shall not be installed on the floor rendering it difficult to clean. 8) Facilities installed, maintained and clean Ceiling tiles stained and missing in dry storage room. Ceilings shall be in good repair. Paper towel dispenser in Memory Care kitchen and washing sink next to prep area in main kitchen not dispensing. All accessories shall be in good repair. On , the Facility was presented with an Emergency Suspension of Food Sanitation Certificate and Order to Cease Operating All Food Service at the Facility that was issued to the facility by the DOH Representatives to notify them that the Food Sanitation Certificate was temporarily suspended. The letter documented the following: "The Department inspected your facility on the following dates: . and . and found evidence of a substantial cockroach infestation including numerous live and roaches in the food service area. On the . inspection, Department Inspectors observed	A 092		

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A 092	Continued From page 7 seven live roaches on a floor stand mixer, two live roaches in the Cambro unit, two live roaches on the burner pot stove, and over ten roaches on the utility cart in the storage room. Cascades at Delray Senior Living supplies food products for public consumption to its residents, and this population is very fragile. Your facility received its Sanitation Certificate with the understanding that your food services would meet all of the quality and sanitary standards required by law at a minimum. Presently, your kitchen is not fit to continue operations. Accordingly, the Department finds that there is an immediate serious danger to the public health, safety and welfare of your residents, which requires immediate temporary suspension of your Sanitation Certificate and the immediate cessation of the operation of your kitchen for any food services. You must cease operating the kitchen and provide your residents with meals though alternative means. The Department's action is warranted under the circumstances as it is the only way at present to ensure that the cockroaches do not contaminate the food products being supplied to your residents." (copy obtained). During an interview on at approximately 1:15 PM, the Administrator confirmed that the facility outsources the day-to-day kitchen operations by a Third Party. A request was made to provide a copy of the facility's contract for food services and contractor's license or certificate to operate. At this time, he stated he does not have a copy of the contract for review. He also stated he was going to call the Corporate Office, so they could provide a copy. In addition, he was requested to provide a list of	A 092		

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A 092	Continued From page 8 dietary/kitchen staff training certificates, cleaning schedules and job descriptions. He stated the facility does not have information regarding kitchen staff records, because they're employed by the same Third-Party company that oversees the day-to-day kitchen operations. Interviews with Third Party kitchen staff conducted on revealed the following: During an interview conducted on at 3:15 PM, with Staff K (Sous Chef), he stated that he has been employed with [name of 3rd Party Dietary company] since 2016, however, he became a sous chef last year. He stated that he has seen one or two live roaches near the mop equipment's. He stated that it is guaranteed to see roaches on unused equipment. He further stated he would lie if he said that he had never seen roaches. He also stated he reported the issue to the Dining Director. Review of the facility's Third-Party Job description for Sous Chef, revealed no documentation in file. During an interview conducted on at 3:31 PM, with Staff M (Server). She stated that she has been employed at the facility for three weeks. She stated she had seen many roaches near the plates and on the walls in the kitchen. She further stated that she did not report it, because she thought management already knew. During an interview conducted on at 3:36 PM with Staff O (Dishwasher). She stated she had seen roaches and stepped on the roaches and/or thrown hot water on them. Review of the facility's Third-Party Job description for Dishwasher staff, revealed no documentation	A 092		

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A 092	Continued From page 9 in file. During an interview conducted on at 4:04 PM with Staff P (Cook/prep salad). He stated that he had accidentally seen roaches in the kitchen. Review of the facility's Third-Party Job description for Cook/Prep salad staff, revealed no documentation in file. During an interview conducted on at 4:12 PM, with Staff Q (Dishwasher), he stated that he has been employed with the company for three years. Further he stated that when he seen roaches he would step on them to kill them. Review of the facility's Third-Party Job description for Dishwasher staff, revealed no documentation in file. During an interview conducted on at 4:20 PM, with Staff R (Server), he stated he had seen roaches and has reported the issue to the kitchen Dining Director. Further, he stated that the pest control company use to service the facility, but he had not seen them lately. During an interview conducted on at 4:33 PM with Staff S (Server), he stated that he has seen roaches in the kitchen near the dishwasher and he reported it to the Dining Director. A review of the Wait Staff / Server job description revealed the following: Position Summary	A 092		

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A 092	Continued From page 10 Under the supervision of the Dining Services Director / Account Manager or their appointee, employees occupying the position of Wait staff / Server. Job Function Pre-preparation Follow all relevant health department rules/regulations. Other Clean-up. Practices safety, control and emergency procedures according to the facility policies. Attends in-service education. During an interview conducted on at 5:25 PM with Staff H (Dining Director), he stated that he has seen roaches in the kitchen periodically. He further stated that staff had reported roach issues to him and that he reported the issue to the pest control company that services the facility. A review of the Dining Services Director/Account Manager job description revealed the following: Position Summary Manages the dining services program in a single site according to the Third Party company policies and procedures and federal /state requirements. Provides leadership, support and guidance to ensure that food quality standards, inventory levels, food safety guidelines and customer service expectations are met. Maintain records of personnel and equipment and provides reports to Third Party District Manager on such. Training, quality control and in-servicing staff to Third Party standards is an essential part of the	A 092		

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A 092	Continued From page 11 Manger's responsibility and includes touring kitchen several times per day to assess work quality using QCIs for documentation purposes. Job Function Orients dietary staff for the dietary department. Maintains personnel files . Supervises, coordinates and evaluates work for all dining services employees in preparing serving food, and cleaning. Food Preparation and Safety Ensures that established sanitation and safety standards are maintained. The Dining Services Director/Manager must possess the following: Considerable knowledge of food safety/sanitation requirements and procedures A review of the personnel files for the facility's Third-Party Dietary Staff revealed the following concerns: Staff V, Dietary Aide with date of hire [redacted] did not have mandatory 1-hour dietary training in file. Staff W, Dietary Aide with date of hire [redacted] /202 did not have mandatory 1-hour dietary training in file. Staff X, Dietary Aide with date of hire [redacted] did not have mandatory 1-hour dietary training in file. Staff Y, Dietary Aide with date of hire [redacted] did not have mandatory 1-hour dietary training in file.	A 092		

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A 092	Continued From page 12 Staff Z, Dietary Aide with date of hire did not have mandatory 1-hour dietary training in file. Staff AA, Dietary Aide with date of hire did not have mandatory 1-hour dietary training in file. During an interview on at 6:13 PM a second request was made to the administrator to provide the following: 1. Protocol (maintaining the kitchen clean). 2. Kitchen staffing training certificates (as required /mandated training by the state regulation). 4. Job Descriptions. 5. Cleaning schedules and/or contract. During an interview with the Administrator on at 5 PM, he stated the facility does not employ its own dietary staff, and that the facility with an outside dietary service without providing training or establishing any protocols for them to follow. During the review, it was determined that the kitchen staff did not have the required procedures in place to operate and maintain the kitchen appropriately. The Administrator was also unable to provide any information regarding the qualifications, credentials, or training of the kitchen staff. It was also revealed by the Administrator that the facility doesn't oversee the staff or Manager of this 3rd party entity and that there is no communication established between both parties to ensure system compliance with respect to the operation and maintenance of the kitchen and Dietary staff. Further interview with the Administrator, he was	A 092		

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A 092	Continued From page 13 reminded that an assisted living facility ␣ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties. During an interview on at 3:16 PM with Staff I (Third Party District Manager) he stated the company started services at the Facility on ␣ . Further he stated the company provides staff, labor and food. A review of the facility's Third-Party contract titled Dining Service Agreement documented that on the 14th day of ␣, 2025 (the Effective Date) by and between Healthcare Services Group, Inc. (HCSG) and Delray Senior Living Residences LLC a Florida limited liability company (Client) which operates the Cascades at Delray Beach (the Facility). The parties agree as follows: Dining Services HCSG (Thid Party) Management and Labor Responsibilities With respect to management and labor for dining service HCSG (Thid Party) shall provide: Full-time Account Manager to manage personnel and supervise the Services District Manager to oversee operations and provide support Education and certification for HCSG (Thid Party) employees as required by, and in compliance with applicable federal and state law. HCSG (Thid Party) Operational Responsibilities For full service dining service HCSG (Thid Party) shall provide: Food Preparation Services Cooking Cleaning and sanitizing kitchen equipment	A 092		

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A 092	Continued From page 14 Cleaning Responsibilities HCSG {Thid Party} Responsibilities: shall be responsible for routine clearing in the food preparation and service areas, including dietary service equipment, kitchen floors and grease filters. Client's Responsibilities: All other responsibilities not expressly identified as the responsibility of HCSG (Thid Party) shall be the responsibility of the Client including but not limited to regular cleaning service for all food prep and service area walls, windows, floors, and periodic waxing and buffing of the floors. The Client will also be responsible for routine cleaning of grease traps, hood cleaning, duck work plenum chambers, roof fans and all food prep and service areas that are not readily and conveniently accessible such as under and behind appliances and equipment. In addition, the Client shall be responsible for extermination services. During an interview on at approximately 6:30 PM he was informed of the following concerns regarding the Third Party kitchen staff missing: job descriptions (including detailed job descriptions explaining specific roles including sanitation and cleaning duties) and appropriate training for the kitchen staff [Cooks, Dishwasher, Sous Chef] unclear of their job duties and responsibilities. During further interview with the Administrator, he acknowledged that he does not oversee the operations of the day-to-day services in the kitchen. Class II	A 092		

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	AL11969632	A. BUILDING: _____ B. WING _____	12/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CASCADES AT DELRAY SENIOR LIVING	2010 SW 11TH COURT DELRAY BEACH, FL 33445

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A 160	Continued From page 15	A 160		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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A 160	Continued From page 16 (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint	A 160		

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A 160	Continued From page 17 investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that, the facility failed to provide an up-to-date Admission and Discharge log listing for all residents during a biannual survey. The findings included: During an interview on at approximately 9:30 AM, the Administrator was informed to provide the facility's up-to-date Admission and Discharge log. Record review of the facility on revealed no documentation for an up-to-date Admission and Discharge log documenting as follows:	A 160		

Agency for Health Care Administration

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A 160	Continued From page 18 1) Date of Admission: facility or place from which resident is admitted 2) Date of Discharge: reason for discharge and identification of the facility or home address to which the resident was discharged. During an interview on at approximately 10:15 AM, the Administrator was informed of the items mentioned above. No additional documentation was provided during the survey. Class	A 160		

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure its Comprehensive Emergency Management Plan (CEMP) was submitted and approved by the Local County Emergency Management Division. The findings included: During an interview with the Administrator on at approximately 9:35 AM, he was informed to provide the facility's current CEMP approval letter or proof of communications and submissions to the Local County Emergency Management Division. A review of the facility CEMP letter provided by the Administrator from the Local Emergency Management Division dated (copy obtained), revealed that the Initial Review through the online portal cannot be approved in its current state. The plan did not meet all the standards. Further review of the CEMP letter documented as follows: Please address the deficiencies notated in your rejected plan and request new review. The facility has 30 days from the receipt of this letter to revise and resubmit your plan. Additional review of the facility's licensure documents, revealed the facility underwent a Change of Ownership around . Therefore, a new CEMP submission is required under the current ownership.	ZZ830		

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ZZ830	Continued From page 3 During an interview with the Administrator on at approximately 2:00 PM, he stated the facility has no documentation from the Local County Office of Emergency Management Division for the year 2025. No proof of subsequent resubmissions of the CEMP to the County was provided during the survey. Class III	ZZ830		