STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	**11/29/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SAFETY HARBOR	**3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761**

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017010477), was conducted at Brookdale Safety Harbor, (Lic. # 9748), on . Brookdale Safety Harbor, Assisted Living Facility, had a deficiency at the time of the investigation.

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

Based on record review and interview, the facility had not submitted its emergency management plan to the local emergency management agency for review and approval after substantive changes in facility staff.

Findings included:

Administrative documentation review conducted during the complaint investigation revealed a certificate of approval from the local emergency management agency dated , with an expiration date of . Throughout the course of the investigation, the administrator was unable to find documentation verifying that the emergency plan had been submitted in 2016.
During an interview with the administrator conducted on at 2:15 PM, she confirmed that she had become the facility's administrator on .
A further interview with the administrator at 2:15pm on confirmed that she was not able to locate documentation of approval of the facility's emergency plan later than the date provided.

Class III