STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967626	**01/25/2018**
NAME OF PROVIDER OR SUPPLIER **RESTORED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1470 NW 174 STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Complaint (CCR#2017015007) Survey was conducted on , 2018 and concluded on , 2018. Restored Living Facility, License #11648, had the following deficiency identified at time of survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to submit and have the emergency management plan reviewed annually.

Findings included:

Record review revealed the facility did not have a current emergency management plan submitted and/or approved by the county. The last letter of approval was dated and expired on .

Interviewed on at 12:30 PM Staff B stated, "I received the packet. I have not submitted it yet."

Class III