| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968979** | **02/22/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BEACH HOUSE NAPLES ASSISTED LIVING & MEMORY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1000 AIRPORT PULLING RD S**<br>**NAPLES, FL 34104** | |

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

**0000 - Initial Comments**

An unannounced relicensure and extended congregate care survey was conducted through at Beach House Naples Assisted Living & Memory Care, an assisted living facility (License #12828) in Naples, Florida.

The following is description of the deficiency.

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

Based on staff interview and record review, the facility failed to have a current approved Comprehensive Emergency Management Plan (CEMP) approved for the year 2018.

The findings included:

Record review on revealed that the last CEMP on file was dated .

On at 2:05 p.m., when asked to see the current approved CEMP the administrator stated, "I don't see one for this year. I will call corporate to see if they have a letter." The Administrator said her supervisor doesn't think one was submitted.

Class III