STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	R **03/13/2018**
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW** **MELBOURNE, FL 32907**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Mental Health service was conducted on . Clarke's Assisted Living, License#10686, had a deficiency found at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on an interview with the administrator, the facility has not received the approval letter for the Comprehensive Emergency Management Plan (CEMP) by the local emergency management agency according to 58A-5.026(2) (c) 1, Florida Administrative Code.

Findings:

On at 9:45 a.m., the administrator stated she still has not received an approval letter from the local county emergency management agency. She said she submitted the CEMP to the county on .

Class III