STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966696	**03/14/2018**
NAME OF PROVIDER OR SUPPLIER **LEORAY ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 THOMAS ROAD** **HOLLYWOOD, FL 33023**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on . . . . . at Leoray ALF, License #10836. The facility had deficiciences at the time of the survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards and ensure that all existing structural systems are maintained in good working order.

The findings included:

While conducting a tour of the facility on . . . . . between 8:25 AM and 9:00 AM the following was observed:

- Hole in wall behind bed b
. . . . - closet mirror doors are cracked, exit door in . . . is rusted, wall towards bed B needs to be painted.
Ceiling in hallway cracked in multiple areas and in need of repair, near . . . , 2 and 3.

Class III

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

Based on record review and interview, the facility failed to provide an updated Emergency Management plan that was submitted, reviewed and approved by the local emergency management agency.

The findings include:

On . . . . . at 10:00 AM the current Comprehensive Emergency Management Plan approval letter from the local emergency managerment agency was requested and was unable to be provided by the Administrator. The only letter from the local emergency management agency, provided by the Administrator revealed the facility's previous plan expired on . . . . . The Administrator stated she was not aware that her Comprehensive Emergency Management Plan was expired. No additional documentation was provided during the time of the survey.

Class III

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