STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	**03/22/2018**
NAME OF PROVIDER OR SUPPLIER **ALL DUNN ASSISTANT LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5726-28 LINCOLN STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A monitoring survey was conducted on at All Dunn Assisted Living Inc., License #12606. The facility had deficiencies identified during this visit.

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

Based on record review and interview, the facility failed submit its revised comprehensive emergency management plan (CEMP) to the local emergency agency for review and approval.

The findings are:

Review of the facility records indicated that the facility did not have a revised CEMP for review. In an interview with the Administrator on at 10:35am, she stated that the facility revised its CEMP to include compliance with the emergency environmental control plan and did not have a copy for review. She stated that the addition of the emergency environmental control plan was a substantive change in the facility's CEMP and it required approval from the local emergency management agency. She stated that the facility could not provide proof that it submitted this revised CEMP for review and approval to the local emergency agency.

Class III