

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968625	(X3) DATE SURVEY COMPLETED 03/14/2018
NAME OF PROVIDER OR SUPPLIER LA CASA DE TODOS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2364 WEST LAKEWOOD ROAD WEST PALM BEACH, FL 33406	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure Survey was conducted on, 2018 at La Casa De Todos, Inc., License #12183. The facility had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review, and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date/or approved by The County Entity responsible for approval, as required The findings include: During the survey on, the surveyor was provided with the facility's Comprehensive Management Plan which was reviewed. This surveyor was also provided a copy of a document from the County Entity responsible for review/approval. Review of the document revealed it was submitted for approval on However, the document had a Review Date of 2018, and a box checked "Second Revision Review" required. Upon review of the document, this surveyor asked employee #1 (through translation) if an approved CEMP had been received yet. Employee #1 stated that the document provide was all they had, and did not have an approval yet. It was explained to employee #1 that an approved CEMP is required, to which employee #1 stated she understood. Class III		