STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965021	**04/16/2018**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT MAPLEWOOD (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1342 NW 104TH DRIVE** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at the Gardens at Maplewood, License #9451. The facility had deficiencies identified 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 provide evidence of completion for their County Emergency Management Plan (CEMP).

The findings included:

On , during review of the facility's documents, it became evident that the County Emergency and Management Plan, the CEMP was not available. During an interview with the Administrator, on at 1:40 PM, she reported that the document was not readily available. She said that she would provide before the end of the survey.
At the time of the exit interview with the Administrator, she did not provide the record.

Class III