

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968185	(X3) DATE SURVEY COMPLETED R 04/17/2018
NAME OF PROVIDER OR SUPPLIER HAVENCREST ALF OF PALM BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2880 NW 25TH WY BOCA RATON, FL 33434	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A relicensure revisit survey was conducted on _____ at Havencrest ALF of Palm Beach, License #12157. The facility had an uncorrected deficiency at the time of the survey, A 0181. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview and record review, the facility failed to obtain an approved Comprehensive Emergency Management Plan letter from the local emergency management agency. The findings included: On _____ when requesting to review the Comprehensive Emergency Management Plan (CEMP) approval letter from the local emergency management agency it was stated by the Administrator's Assistant at 1:55 PM that it was submitted in and that the facility still had not received a response back yet. At 2:09 PM on _____, the Administrator's Assistant contacted the local emergency management agency to find out the status of the CEMP approval. It was stated by the Emergency Management Agency, that the facility submitted their CEMP for approval on _____ and that it was reviewed and rejected on _____, and that the local emergency management agency sent out a letter to the facility stating the CEMP was rejected. During an interview with the Administrator's Assistant on _____ at 2:15 PM, the findings were discussed and acknowledged, no further documentation for review was provided. Class III Uncorrected		