STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942845	R 04/18/2018
NAME OF PROVIDER OR SUPPLIER **SUNRISE ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4102 COOLEY COURT** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced revisit to the complaint survey (CCR# 2018001868) was conducted on at Sunrise Adult Care (License #8286). The facility had an uncorrected deficiency found 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 have their Emergency Management Plan submitted for review and approval on an annual basis by the local Emergency Management Division.

The findings include:

Review of the facility's Comprehensive Emergency Management Plan (CEMP) revealed that it was dated for . Review of the approval letter from the local emergency management agency also had a date for of 2016. Upon Review of the CEMP on the submission receipt revealed that the CEMP was submitted to the local emergency management agency on . However, the facility was not able to provide the approval letter.

During an interview with the Administrator on at 11:40 AM, it was stated that the facility is still waiting for the approval, and that the facility has not heard anything back yet. The findings were discussed and acknowledged by the Administrator, no additional documentation was provided for review. The Administrator acknowledged that the CEMP must be submitted and approved annually.

Class III
Uncorrected