STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	R 04/27/2018
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on . . . . . at Ashley Manor Inc., License #12499. The facility had an uncorrected deficiency (A0181), at the time of the visit.

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

Based on interview and record review the facility failed to provide evidence of the facility's Comprehensive Emergency Management Plan (CEMP) submitted for review and approved by the local emergency management agency.

The findings included:

On a review of the facility records revealed the files lacked documentation that the facility's Comprehensive Emergency Management Plan (CEMP) was submitted for review and approved by the local emergency management agency.

On at 01:30 PM, during a telephone interview with the Administrator, she stated that she was unavailable to come to the facility to provide the requested documentation. She further stated that all plan of correction documents were in the facility's files. However, further record review revealed no evidence of an approved CEMP, as required.

Class III

Uncorrected