

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/25/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11963962</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>05/17/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARGO SENIOR LIVING AT<br/>HAVERHILL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2939 S. HAVERHILL ROAD<br/>WEST PALM BEACH, FL 33415</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>A Relicensure survey revisit was conducted as a desk review on &amp; for Argo Senior Living at Haverhill (License #8091). The facility had an uncorrected deficiency identified during the survey.</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the county by the required deadline for approval.</p> <p>The findings included:</p> <p>Upon request for the annual approval letter for the CEMP from the local Emergency Management Agency, it was revealed that the facility still had not submitted the plan for approval. According to the Administrator on at 10:09 AM, she stated the facility had to have the Fire Department approve the Fire Evacuation and Disaster Plan portion of the CEMP prior to submission to the Emergency Agency for approval. On at 10:56 AM, Administrator stated that the Fire Evacuation and Disaster Plan has been approved as of . The Administrator stated that the Comprehensive Emergency Plan has not been submitted. The Administrator stated that she contacted the Division of Emergency Management today and there is a new requirement regarding generators and she cannot apply for the Comprehensive Emergency Plan until she completes the process regarding the generators. The Administrator stated that she will fax in the Comprehensive Emergency Plan once it is approved .</p> <p>Class III</p> |                                                                                                      |                                                           |