STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	R **05/02/2018**
NAME OF PROVIDER OR SUPPLIER **BLESSING ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1051 NE 154 TERRACE** **MIAMI, FL 33162**	

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

0000 - Initial Comments

A Complaint Investigation second revisit (CCR#2017010962) was conducted on . . . . . Blessing ALF LLC, License # 12186, had a deficiency at the time of the survey:

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

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis.

Findings included:

A review of the facility's record on . . . . . revealed that the facility did not have an approval Comprehensive Emergency Management Plan (CEMP) letter available.

During an interview on at 2:04 PM Staff A provided proof of payment for the CEMP dated . . . . . and stated "I have not yet received the approval letter."

Uncorrected Class III