STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968337	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **SELA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4080 NORTH 35TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced abbreviated re licensure with (ECC) Extended Congregate Care survey was conducted on . . . . and . . . . at Sela ALF , License #12237. The facility had deficiencies at the time of the visit.

0180 - Emergency Management - 58A-5.026(1) FAC

Based on observation, record review and staff interview, the facility failed to provide an approved emergency management preparedness plan.

The Findings Include:

Review of the facility Comprehensive Emergency Preparedness Plan (CEMP) approved by the local emergency management agency expired . . . . . , 2017. During an interview with the Administrator on , he stated that he was late submitting it and it is pending approval. The Administrator did not provide any additional documentation for review regarding the CEMP.

The Administrator confirmed that the facility does not have the approved Comprehensive emergency management preparedness plan (CEMP) and offered no additional information.

Class III