STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	R **05/30/2018**
NAME OF PROVIDER OR SUPPLIER **NOMEL'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **332 BISCAYNE LANE** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted on , 2018 and concluded on , 2018 at Nomel's ALF Inc., License #11834. The facility had an uncorrected deficiency at the time of the visit.

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

Based on record review and an interview, the facility failed to maintain an approved Comprehensive Emergency Management Plan (CEMP).

The findings included:

On at 12:00 PM, the Administrator stated during interview that the facility's plan had been submitted to the county for approval but she had not received an approval letter or certificate as of this date.

On at 11:40 AM, a county representative with the Division of Emergency Management stated that the facility's CEMP had not yet been reviewed for approval as of this date because the plan they had submitted was not complete, and required revisions before the county approved it. She stated that the facility had been notified but they had not yet received a revised plan for review.

Class III

Uncorrected Deficiency