STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965837	R 05/15/2018
NAME OF PROVIDER OR SUPPLIER **DE' BLANCA HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 SW 103 COURT** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/15/18. De' Blanca Home # with Limited Mental Health component license # 10171 had deficiencies at time of the survey:

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

Based on record review, and interview, the facility failed to provide documentation of the Comprehensive Emergency Management Plan (CEMP) approval.

Findings included:

A review of the facility's record showed the facility did not have the Emergency Management Plan approval letter. The last approval letter on file was dated .

Interview conducted on at 9:45 AM, Staff A stated the Emergency management plan was submitted on but they had not received the approval letter.

Class III