STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	R **05/16/2018**
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on . A-1 Assisted Living Facility Llc. (license # 1128) with a Limited Mental Health component, had deficiencies identified 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 provide documentation of its annual emergency management plan renewal.

Findings included:

A review of the facility's record on revealed that the facility did not have an updated approval Comprehensive Emergency Management Plan (CEMP) letter available. The letter found was dated , and expired on .

On at 3:28 PM, Staff B provided documentation of payment for the CEMP dated and stated "I sent everything to the county, this is not a deficiency. It was not here before and it will not be now."

Class III