STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966696	R 06/07/2018
NAME OF PROVIDER OR SUPPLIER **LEORAY ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 THOMAS ROAD** **HOLLYWOOD, FL 33023**	

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

0000 - Initial Comments

An unannounced relicensure revisit was completed on . . . . . at Leoray ALF, Inc., License #10836.
The facility had one uncorrected deficiency, A 0181

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

Based on record review and interview, the facility failed to obtain an approved Comprehensive Emergency Management Plan from the local Emergency Management agency.

The Findings Included:

On . . . . . at approximately 11:30AM, an attempt was made to review the facilities approved Comprehensive Emergency Management Plan. A certified letter to Emergency Management Division of Broward County receipt was observed dated . . . . . . Further review revealed a response letter from Broward County Emergency Management Division dated , Re: Deficiencies in Comprehensive Emergency Management Plan. The letter stated the facility's Emergency Management Plan did not address the Agency for Health Care Administration Criteria. The facility was given a deadline of . . . . . to submit the requested documentation.

During an interview with the Administrator at this time, she stated she was working with a consultant and the plan would be sent back for approval by Monday. She acknowledged the findings and provided no additional documentation for review.

Class III
Uncorrected Deficiency