

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968625	(X3) DATE SURVEY COMPLETED R 06/12/2018
NAME OF PROVIDER OR SUPPLIER LA CASA DE TODOS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2364 WEST LAKEWOOD ROAD WEST PALM BEACH, FL 33406	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A relicensure revisit survey was conducted as a desk review on _____ for La Casa De Todos Inc., License # 12504. The facility had an uncorrected deficiency at the time of the desk review. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, it was determined that the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency timely for review and approval. The findings included: The facility was contacted on _____ to obtain a copy of the approved Comprehensive Emergency Management Plan (CEMP) for the facility. The facility was unable to provide the requested information. The local emergency management agency was contacted regarding the status of the facility's CEMP. During an interview with the Senior Planner for the Emergency Management agency on _____ at 1:39 PM, he stated that the Emergency Management Plan was not approved. The Planner revealed that the plan was submitted for La Casa De Todos Inc., on _____. The facility was graded _____ and rejected _____ for missing information. The facility submitted another plan fourteen days later. The plan was rejected on _____ for failure to meet statute. The facility submitted another plan on _____ and was rejected on _____ for incomplete and uncorrected items. The last plan had a template and the questions were not answered. The plan was rejected on _____. Class III		