STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **MARY'S EXTREME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6107 SW 26TH STREET** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was completed on [redacted] at Mary's Extreme Care (Lic#11031). The facility had a deficiency 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 ensure that a Comprehensive Emergency Management Plan (CEMP) was submitted to the local Emergency Management Division for review and approval.

The Findings Included:

On [redacted] at approximately 1:00PM, an attempt was made to review the facilities approved CEMP. The CEMP on file was dated [redacted] and was approved through [redacted], 2016. Further review revealed, the facility did not submit a CEMP for 2017 or 2018. At this time the facility was provided an opportunity to locate the documentation. The Administrator stated she submitted the 2018 plan for approval, but was unable to provide a submittal receipt and/or an approval letter.

During an interview with the Administrator at approximately 2:00PM, she acknowledged the findings and provided no additional documentation for review.

Class III