STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969042	R **06/22/2018**
NAME OF PROVIDER OR SUPPLIER **BETHESDA ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 BARBER AVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on at Bethesda Assisted Living, LLC, License # 12894. The facility had an uncorrected deficiency identified during the time of the survey.

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

Based on interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

During an Interview with the Administrator on at 11:30 AM, it was revealed that the facility does not have an approved CEMP. It was stated that the plan was submitted in , 2018 and the facility has not heard or received anything back from the local emergency management division. It was further stated that the facility has called multiple times and has not been able to get a response back.

The Surveyor contacted the local emergency management division via email for documentation on the CEMP approval letter and CEMP submission. The documents were provided for review on at 11:44 AM. Review of the documentation revealed that a letter was submitted to the facility dated for stating that the CEMP is not approved and that corrections needed to be made. During this time, the findings were discussed and acknowledged by the Administrator, no additional information was provided for review.

Class III