STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	R **07/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ASSISTED LIVING, INC.	**6513 NW 55TH STREET** **CORAL SPRINGS, FL 33067**

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

0000 - Initial Comments

A relicensure revisit survey was conducted on at Sunshine ALF (Lic#9300). The facility had one uncorrected 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 obtain an approved Comprehensive Emergency Management Plan (CEMP).

The Findings Included:

Record review of the facility records revealed there was no evidence of an approved CEMP on file for 2017 or 2018. During documentation review, the facility received a Emergency Environmental Control Plan (EECP) Deficiency letter dated and stated the EECP does not meet the requirement of the new Florida Administrative Rule 58A-5.036 and the criteria established by the state of Florida Agency for Health Administration (AHCA). During an interview with the Administrator on , she stated she has until to submit the requested information. There was no approved CEMP on file in the facility.

During an interview with the Administrator on at approximately 11:45AM, she acknowledged she does not have a current approved CEMP on file for 2018. No additional documentation was provided for review.

Class III