

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942845	(X3) DATE SURVEY COMPLETED R 07/23/2018
NAME OF PROVIDER OR SUPPLIER SUNRISE ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4102 COOLEY COURT LAKE WORTH, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A second revisit to the complaint survey (CCR# 2018001868) was conducted by desk review on & for Sunrise Adult Care, License #8286. The facility had an uncorrected deficiency found at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview the facility failed to have their Emergency Management Plan submitted for review and approval on an annual basis by the local Emergency Management Division. The findings include: Review of the facility's Comprehensive Emergency Management Plan (CEMP) revealed that it was dated for Review of the approval letter from the local emergency management agency also had a date for of 2016. Upon Review of the CEMP on the submission receipt revealed that the CEMP was submitted to the local emergency management agency on However, the facility was not able to provide the approval letter. On at 3:50PM, the Surveyor spoke to the Administrator who stated his CEMP was submitted on He has been in frequent contact with the Emergency Management Agency, but has not received the approved CEMP letter. During an interview with the Administrator on at 3:50PM , it was stated that the facility is still waiting for the approval, and that the facility has not heard anything back yet. The findings were discussed and acknowledged by the Administrator, no additional documentation was provided for review. Class III Uncorrected		