STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969040	R **07/16/2018**
NAME OF PROVIDER OR SUPPLIER **ALF BEIT SHALOM INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9093 BANQUET WAY** **LAKE WORTH, FL 33467**	

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

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted on . . . . . at ALF Beit Shalom Inc., License #12871. 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, it was determined that the facility does not have a current/active Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management Agency.

The Findings Included:

During an interview with the owner on at approximately 9:00AM, during the facility relicensure revisit, the facility's Approved CEMP for 2018 was requested. During this time the owner was provided an opportunity to locate the documentation. The facility provided the 2017 approved CEMP; no current approved CEMP on file in the facility.

During an interview with the owner and Acting Administrator on . . . . . at 10:40AM, they acknowledged the citation was uncorrected and acknowledged the findings. No additional documentation was provided.

Class III