STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	R 07/18/2018
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey, was conducted on at South Oaks Assisted Living Home, LLC, License #5855. The facility had uncorrected deficiencies at the time of the visit.

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

Based on observation, record review and staff interview, the facility failed to provide a current approved emergency management preparedness plan.

The findings included:

During a re-visit survey on , observation of the facility revealed evidence of an expired ( ) CEMP Comprehensive Emergency Preparedness Plan by the local emergency management agency. During a record review, the facility provided the last approval letter from the local Emergency Management Division, which was dated , had an expiration date of .

During an interview with the Administrator, by phone, on at 10:30AM, stated that he was waiting on an approval letter from the local Emergency Management Division however, could not provide a date when the facility submitted the plan for approval. He confirmed findings of an expired approval letter.

Class III
Uncorrected from standard survey dated