STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969202	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **1 A A A ASSISTED LIVING @ WELLINGTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **1337 PINETTA CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced Initial Extended Congregate Care (ECC) survey was conducted on . . . . . & . . . . . at 1 A A A Assisted Living @ Wellington, License #13025. There was a deficiency at the time of the monitoring.

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

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

The Findings Included:

On at approximately 10:30 AM, a request was made for the facility CEMP. The Administrator was provided an opportunity to locate the documentation. There was no approved CEMP provided.

During an interview with the Administrator on at approximately 12:00 PM, he stated he believes he has an approval letter but cannot locate it at this time. He acknowledged the findings and provided Fire plan documentation, but no CEMP documentation was provided. The facility provided no further documentation for review.

Class III