STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969059	**07/17/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE COCONUT POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8460 MURANO DEL LAGO DR** **BONITA SPRINGS, FL 34135**	

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

0000 - Initial Comments

An unannounced biennial and limited nursing services survey was conducted on through at American House Coconut Point, an assisted living facility (license #12898) in Bonita Springs, Florida.

The following is description of the deficiency.

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

Based on record review and interview, the facility failed to submit a correct Emergency Plan for approval to the local Emergency Management Agency within 30 days of receiving notification.

The findings included:

The facility received notification on from the local emergency management agency to submit a correct plan within 15 business days. On during the survey, no plan had been submitted to the local emergency management agency.

During interview on at 1:00 p.m., the executive director reported the plan deadline had been overlooked.

Class III