STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**08/14/2018**
NAME OF PROVIDER OR SUPPLIER **JOSEPH'S VILLAGE OF WEST PALM**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced bed increase survey was completed on . . . . . at Joseph Village of West Palm, License #12676. There was a deficiency identified at the time of the survey.

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, annually.

The Findings Included:

On at approximately 10:00 AM, a request was made for the current facility CEMP. The Administrator was provided an opportunity to locate the documentation. A receipt for 2018 CEMP submittal for review and approval was provided and dated . The Administrator was unable to provide a previously approved CEMP for the facility.

During an interview with the Administrator on . . . . . at approximately 12:15 PM, he acknowledged the facility was unable to provide a approved CEMP. He acknowledged the findings and provided no additional documentation for review.

Class III