STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	**09/10/2018**
NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018007970, was conducted on and at Blue Ribbon Care Assisted Living Facility, LLC, License #10899. The facility had a deficiency at the time of the investigation.

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

Based on record review and interview, it was determined that the facility failed to submit their Comprehensive Emergency Plan (CEMP)to the local emergency management division/agency for review and approval, as required.

The findings include:

During an interview with the Administrator on at 4 PM, it was revealed that the facility does not have a current CEMP. The Administrator stated she was not aware of the requirement to submit the CEMP. She further stated that the facility has never submitted the plan for approval since the facility was originally licensed in 2015. Therefore, she was unable to provide a current CEMP approval or prior CEMP approvals for the facility.

Class III