STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953207	R 08/30/2018
NAME OF PROVIDER OR SUPPLIER **FOUNTAINVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **145 EXECUTIVE CENTER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced Spot Check Monitoring revisit survey was conducted on [redacted] at Fountainview, license #7828. The facility had an uncorrected deficiency at the time of the visit.

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) for review and approval.

The Findings included:

On [redacted] at approximately 1:00PM, an attempt was made to review the facility's current CEMP approval. The Administrator provided an approved Fire Inspection dated [redacted], 2017 indicating the CEMP had been reviewed by the Bureau of Fire Prevention. However, the Administrator was unable to provide a current approved CEMP from the local emergency managment agency, nor was he able to provide a submittal receipt.

During an interview with the Administrator on [redacted] at approximately 1:00PM, he acknowledged the findings and provided no additional documentation for review.

On [redacted] at about 3:30 PM, an attempt was made to review the facility's current CEMP approval. The Administrator's designee, the Resident Service Director ([redacted]), provided a written receipt from the local Division of Emergency Management dated [redacted] for initial review of a health care facility CEMP. The [redacted] was unable to provide a current approved CEMP from the required local authority.

In an interview conducted [redacted] at about 3:30 PM, the [redacted] acknowledged the findings and was not able to provide additional documentation for review.

Class III
Uncorrected deficiency