

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969042	(X3) DATE SURVEY COMPLETED R 09/11/2018
NAME OF PROVIDER OR SUPPLIER BETHESDA ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 624 BARBER AVE LAKE WORTH, FL 33461	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on and for Bethesda Assisted Living, LLC, License #12894. 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 their Comprehensive Emergency Management Plan (CEMP) to the county for review and approval, as required.

The findings included:

On at approximately 10:30AM, a review of the facilities CEMP was attempted. The facility files did not have a CEMP approval letter for the facility. Further review revealed a receipt dated for an initial review.

During an Interview with the Administrator on at 11:30 AM, it was revealed that the facility does not have an approved CEMP. It was stated that the plan was submitted in 2018 and the facility has not heard or received anything back from the local emergency management division. It was further stated that the facility has called multiple times and has not been able to get a response back. The Surveyor contacted the local emergency management division via email for documentation on the CEMP approval letter and CEMP submission. The documents were provided for review on at 11:44 AM. Review of the documentation revealed that a letter was submitted to the facility dated for stating that the CEMP is not approved and that corrections needed to be made. During this time, the findings were discussed and acknowledged by the Administrator, no additional information was provided for review.

During a phone interview with the Administrator conducted on at 8:00am, it was revealed that the facility submitted their initial CEMP review on and submitted their revision on The Surveyor requested that documents be faxed over to reflect the actual date the revision was submitted. Administrator stated that he would send over the documents momentarily. On at 9:40am, review of the faxed documentation revealed the facility's CEMP submission checklist revealed that on the facility submitted a CEMP plan as a new facility, FloridaHealthFinder.gov revealed that that facility was initially licensed since

Further interview with the Administrator on at 10:00am, revealed that this year (2018) is the first

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

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time that the facility has submitted a CEMP Plan. The Administrator was informed by the surveyor that the facility was still out of compliance for the A 0181 tag(citation) and that the citation will remain uncorrected due to it not being correct since the last visit. The Administrator acknowledged the findings and stated that he understood. Class III Uncorrected		