STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967743	R **09/12/2018**
NAME OF PROVIDER OR SUPPLIER **NEW LIFE ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 WYOMING AVE** **FORT PIERCE, FL 34982**	

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

0000 - Initial Comments

An unannounced second revisit to the Relicensure survey was conducted on . . . . . at New Life Assisted Living Inc., License # 11797. 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 interviews, the facility failed to ensure their CEMP (Comprehensive Emergency Management Plan) was submitted and approved by the county annually.

The Findings Included:

On . . . . at 10:23 AM, a county representative for the Emergency Planning Department stated no CEMP for this facility has been approved as of this date, and a letter notifying the Administrator of changes needed to the plan was sent to the facility on or about . . . . . .

The Administrator stated by phone on at 12:00 PM that she is working on the corrections and would submit the revised plan by the end of the month.

Class III
Uncorrected Deficiency