STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910722	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT FORT LAUDERDALE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2801 NW 55TH AVENUE** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018001372 commenced on and concluded on at Colonial Assisted Living at Fort Lauderdale, License #7249. The facility had a deficiency identified at the time of the survey.

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

Based on observation, record review and interview, the facility failed to provide an approved (CEMP) Comprehensive Emergency Management Preparedness Plan by the local County Emergency Management Division.

The Findings Include:

During a record review on , the facility was unable to produce evidence of a current CEMP comprehensive approved by the local emergency management agency. During an interview with the Administrative staff, on at 11:30AM, by phone, it was stated that the facility recently completed a change of ownership (CHOW) survey on to obtain a license. It was revealed that the Owner is aware of the expired CEMP as of . Further interview revealed that a new plan was submitted to the local County Emergency Management Division for approval in 2018, and results are pending.

Class III