STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	R **08/30/2018**
NAME OF PROVIDER OR SUPPLIER **FRIENDS AT HOME ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3680 CANAVERAL GROVES BLVD.** **COCOA, FL 32926**	

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

0000 - Initial Comments

On . . . . . a revisit to the monitoring visit was conducted. Friends At Home Assisted Living, Inc., license
#9640, had deficiencies at the time of the visit.

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

DEFICEINCY REMAINED UNCORRECTED

Based on interview, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was approved by the local emergency management agency.

Findings:

On at 10 AM, the house manager said the facility's CEMP was submitted and the facility had not received the approval letter from the emergency management agency.

Class III