

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/02/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11942934</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>09/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRAND COURT ALF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>295 SW 4TH AVENUE<br/>POMPANO BEACH, FL 33060</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced revisit survey to licensure complaint survey, CCR# 2018004460 was conducted on _____, at Grand Court ALF, license number 5464. The facility corrected all previously cited deficiencies. However, a new deficient practice was identified during this survey, A 0181.</p> <p>This survey was conducted in conjunction with a Generator Monitoring survey; deficient practice was not identified during the survey.</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>Based on interview and record review, the facility failed to obtain the required approval from the local Emergency Management division for the facility's Comprehensive Emergency Management Plan (CEMP).</p> <p>The findings included:</p> <p>On _____, a review the facility's current CEMP approval was conducted with the Administrator. She was asked and stated the CEMP was submitted to the Broward County Emergency Management Division for review and approval around _____. According to the Administrator, the review and approval process is currently on hold as the local fire department has required the facility to change all door knobs within 90 days. The Administrator was unable to provide a current approved CEMP from the required local authority. This was discussed with the Administrator at the time of review.</p> <p>Class III</p> |                                                                                               |                                                           |