STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966757	**09/10/2018**
NAME OF PROVIDER OR SUPPLIER **LIFESTYLE LIVING #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **833 NORTH RAINBOW DRIVE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018008714 was conducted on [redacted] at Lifestyle Living #2, a 6 bed Assisted Living Facility, License #10901. The facility had deficiencies 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 ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

The findings include:

During an interview conducted on [redacted] between 11:20 AM and 11:45 AM, this surveyor requested the recent Comprehensive Emergency Management Plan (CEMP) approval from the Administrator.

The Administrator stated that they had submitted their plan for approval , , 2018 (submitted verification). However it has not been approved yet.

During the Exit interview conducted with Administrator on [redacted] between 2:57 PM and 3:05 PM, this surveyor discussed the observations/findings, which included the compliance issue with the CEMP. The Administrator acknowledged and stated the she would follow up with the County.

Class III