STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018009533, was conducted on . . . . . at Lincoln Manor Assisted Living Facility, License # 5672 . The facility had a deficiency identified at the time of the survey.

A generator monitoring survey was conducted in conjunction with this survey on the same date .

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

Based on interview and record review, the facility failed to submit the Comprehensive Emergency Management Plan (CEMP) for approval to the local emergency management.

The findings included:

A review of the most recent CEMP approval letter revealed a date of 11/ . The CEMP expiration date was . . . . . .

On . . . . . at 01:45 PM, the Administrator acknowledged the findings. The owner stated the plan should be approved any day now.

Class III