STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968742	**10/01/2018**
NAME OF PROVIDER OR SUPPLIER **NAMI HOME 2, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11120 SW 10TH ST** **PEMBROKE PINES, FL 33025**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on . . . . . at Namis Home 2 Inc, License # 12592. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, it was determined that the facility failed to ensure that their Comprehensive Emergency Managment Plan (CEMP) was submitted to the Emeregency Management Agency for review.

The findings included:

Review of the facility's CEMP revealed the plan expired on . . . . . Further review of the last submitted CEMP revealed it was submitted to the Emergency Management Agency on and expired on . . . . . .

During an interview with the Administrator on . . . . . at 01:55 PM, she acknowledged the findings and stated she had been calling the agency for several weeks inquiring about the status.

Class III