

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910630	(X3) DATE SURVEY COMPLETED 10/02/2018
NAME OF PROVIDER OR SUPPLIER FINNISH-AMERICAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 SOUTH DRIVE LAKE WORTH, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR # 2018010250 was conducted on _____ for Finnish -American Village, Lake Worth (License # 4781). The facility had a deficiency identified at the time of the survey. 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 county entity responsible for approval as required. The findings include: During an interview conducted with Administrator on _____ at 9:30 AM the facility's CEMP and approval letter was requested for review. The Administrator stated that he submitted the CEMP to the Division of Emergency Management but has not received a current approval letter. The Surveyor was provided with the facility's last letter received from the Division of Emergency Management that is dated _____, 2018. The letter states Finnish - American Rest Home has undergone the First Revision Review and it cannot be approved in this current state. During an interview with the Administrator on _____ at 9:30 AM , he stated that the facility submitted it timely but no approval letter was received. Class III		