STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965218	R **10/05/2018**
NAME OF PROVIDER OR SUPPLIER **LAKEVIEW RETIREMENT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2304 NW 52ND COURT** **FORT LAUDERDALE, FL 33309**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring revisit survey was conducted on at Lakeview Retirement Residence, Inc, License #9618. All previously cited deficiencies were found corrected.

During this LNS Monitoring revisit survey a generator assessment was completed. A new deficient practice was identified.

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

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

The findings include:

On at approximately 10:00 AM, an approved CEMP was requested. Review of the facility CEMP revealed the last approved CEMP was received on and was approved through . Further review revealed the recommended submittal month was . The facility submitted the CEMP on . As of the facility did not have an approved CEMP on file for the current year.

Class III