STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967416	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **SUNHAVEN VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **11810 NW 30TH PLACE** **SUNRISE, FL 33323**	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on for Sunhaven Villa, Inc. (License # 11474). The facility had a deficiency.

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Upon request of the documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on , no current documentation was provided.

During an interview with the Administrator on at 1:20 PM the Administrator submitted the following:

1) A letter from the Emergency Management Division dated , 2017 with the last submission date of , 2018.

2) A letter from the Emergency Management Division dated , 2018 regarding deficiencies and the deadline .

3) The Comprehensive Emergency Management Plan that was submitted on .

4) An email copy received from the Emergency Management Division on stating that the fire safety plan was needed.

5) A letter dated that was sent back to the Emergency Management Division that stated awaiting the Fire Safety plan approval letter.

The Administrator could not provide an approval letter for the CEMP.

Class III