STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965550	**09/28/2018**
NAME OF PROVIDER OR SUPPLIER **LINDSAY'S ALTERNATIVE CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6463 NW 43RD COURT** **CORAL SPRINGS, FL 33067**	

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

0000 - Initial Comments

An unnanounced abbreviated Relicensure survey was conducted on [redacted] at Lindsay's Alternative Care ALF (license #9941). The facility had a deficiency identified at the time of the survey.

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 for review to the local emergency management agency in a timely manner.

The findings included:

On [redacted] a review of the Comprehensive Emergency Management Plan was conducted. It was determined the approval plan was dated

The requirement was not met, as the plan must be approved on an annual basis.

On at 02:00 PM, an interview was conducted with the Administrator. She acknowledged the findings.

Class III