STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 09/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDTOWN MANOR	**2001 POLK STREET** **HOLLYWOOD, FL 33020**

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on . . . . . at Midtown Manor, License #6508. The facility had an uncorrected deficiency at the time of the survey.

During this Relicensure revisit survey, a Generator Assessment was conducted.

An unannounced licensure complaint survey, CCR #2018009307, CCR #2018009536, CCR #2018012165, CCR #2018012392 and CCR #2018013388, was conducted in conjunction with the above Relicensure revisit survey on the same date. See separate report for findings.

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 Local County Emergency Management Division.

Findings Include:

a) During the survey on . . . . . between 10:20 AM - 10:30 AM, this surveyor, along with another surveyor, spoke with employee A, who stated that they had submitted the CEMP renewal, and submitted a letter that addressed their Fire plan. Employee A also stated that they submitted the complete plan, along with the generator information, but that was all they had. She contacted the County office and spoke with the person there who handles them.

Employee A returned to the surveys at approximatley 10:33 AM and said that (the person at the County) would like to speak with us. This surveyor went to employee A's office and spoke with (the County representative) who stated that their priority at this point is EECP's, and that they are very backed up. This surveyor asked if they send letters of receipt to providers verifying that their plan has been received. (The County representative) stated that they don't send letters.

This surveyor asked (the representative) if something could be sent to this surveyor via email that documents their process. On at 10:48 AM, this surveyor received an email from (the County representative) stating that the facility "submitted their CEMP to our agency on . . . . . ." This was shared with employee A. However, the facility was unable to provide proof or documentation indicating the facility had an approved CEMP.

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	AL11910711	R **09/24/2018**
NAME OF PROVIDER OR SUPPLIER **MIDTOWN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 POLK STREET** **HOLLYWOOD, FL 33020**	

SUMMARY STATEMENT OF DEFICIENCIES
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b) During the Re-Licensure Revisit Survey conducted on 09/24/2018 between 10:20 AM and 10:30 AM, this surveyor spoke with the Administrator regarding the facility's CEMP. The Administrator stated, "We still do not have it yet." The Administrator stated that they "have submitted it, but still haven't heard anything; we have called, but the lady never return your calls. At this point, we have gotten our attorney involved. We also passed it by our Consultant."

During exit interview with the Administrator and Employee B between 2:25 PM and 2:45 PM, this surveyor met with Administrator and Employee B. Both Administrator and Employee B acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 09/24/2018
NAME OF PROVIDER OR SUPPLIER **MIDTOWN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 POLK STREET** **HOLLYWOOD, FL 33020**	

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Class III