STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	**10/19/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT POMPANO ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4200 NE 19TH AVENUE** **POMPANO BEACH, FL 33064**	

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

0000 - Initial Comments

An unannounced Standard Relicensure survey was conducted on , 2018 at Royal Living at Pompano ALF, Inc. (License # 11929). 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 and Assistant Administrator on at 1:49 PM, the facility's CEMP and approval letter was requested for review. The Administrator stated that she submitted the CEMP, but she received no response as of today's date. Further record review revealed the facility last CEMP was approved for through .

During an interview with Administrator on at 4:16 PM, the findings were discussed; no further documentation was provided.

Class III