STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	**10/15/2018**
NAME OF PROVIDER OR SUPPLIER **REBECCA HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2383 NW 111TH AVENUE** **SUNRISE, FL 33322**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on . . . . at Rebecca's Home, Incorporated (License # 11510). 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 submit a Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Agency for review and approval annually.

The Findings Included:

An interview was conducted with the Administrator on at 11:32 AM regarding the facility CEMP expiring on . . . . . The Administrator stated she submitted everything to the county sometime in , 2018 and that she was focused on getting an AHCA approved generator plan. The Administrator could not provide proof submission. However, the Administrator says she received a letter dated to resubmit a plan that meet AHCA criteria. The Administrator says she resubmitted the plan on . . . . . and has not heard back from the County since.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	**10/29/2018**
NAME OF PROVIDER OR SUPPLIER **REBECCA HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2383 NW 111TH AVENUE** **SUNRISE, FL 33322**	

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

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An unannounced abbreviated relicensure survey was conducted on . . . . at Rebecca's Home, Incorporated (License # 11510). The facility had a deficiency identified at the time of the survey.

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	**10/29/2018**
NAME OF PROVIDER OR SUPPLIER **REBECCA HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2383 NW 111TH AVENUE** **SUNRISE, FL 33322**	

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

0000 - Initial Comments

AMENDED
An unannounced Abbreviated Relicensure survey was conducted on at Rebecca Home Care Inc, License # 11510. 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 submit a Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Agency for review and approval annually.

The Findings Included:

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Unclassified