STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	R 11/19/2018
NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

0000 - Initial Comments

An unannounced complaint revisit survey CCR #2018007970 was conducted on- at Blue Ribbon Care Assisted living. (License #12690). The facility had deficiency identified at the time of the visit.

This survey was conducted in conjunction with the licensure complaint survey, CCR#2018013818. See separate report for findings.

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

Based on observation, interview and record review, it was determined that the facility did not have a current approval letter for the facility's Comprehensive Emergency Management Plan (CEMP) from the local Emergency Management Division.

a) During an interview with the Administrator on at 4 PM, it was revealed that the facility does not have a current CEMP. The Administrator stated she was not aware of the requirement to submit the CEMP. She further stated that the facility has never submitted the plan for approval since the facility was originally licensed in 2015. Therefore, she was unable to provide a current CEMP approval or prior CEMP approvals for the facility.

b) During review of the CEMP at the facility on 11/19/2018, it was noted that the facility never had an approved emergency plan by the local Emergency Management Agency/Division. During an interview with the Administrator on 11/19/2018 at 11:30 AM, she reported that she submitted the plan to the county on . As a result, she does not have an approved plan and that the plan is still under review.

Class III
Uncorrected Deficency