STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	R **11/30/2018**
NAME OF PROVIDER OR SUPPLIER **APOLLO GARDENS RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2718 JOHNSON STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018010553, was conducted on [redacted] at Apollo Gardens Retirement Residence Care Inc, License #7341. The facility had deficiencies identified at the time of the survey.

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

b) Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on [redacted] from the Administrator, no current documentation was provided. Upon review of the CEMP letter provided, it was revealed the letter dated for [redacted] revealed that the plan was reviewed and approved up until [redacted].

During an interview with the Administrator at 2:20 PM on [redacted], she stated that she has it ready but she wanted her daughter to review it before she submitted it to the County. The Administrator stated that she would deliver the plan to the emergency division when her daughter is finish reviewing it.

Class III
Uncorrected