STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910733	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **VIP CARE PAVILION LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6810 SW 7TH STREET** **MARGATE, FL 33068**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018014300, was conducted on at VIP Care Pavilion LLC, License #4783. The facility had deficiencies at the time of the survey.

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

Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

The findings included:

A record review of the facility's last CEMP letter dated by the local County Authorities revealed an expiration date of . The facility failed to submit a new plan to the local Emergency Management officials for review and approval annually. The facility is required to submit the new plan 60 days prior to the expiration date.

During an interview with the Executive Director, on at 1:00PM, she stated that she started the position in , and is currently working on it. The Administrator confirmed the findings and no further documentation provided.

Class III