

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966416	(X3) DATE SURVEY COMPLETED R 12/18/2018
NAME OF PROVIDER OR SUPPLIER REBECCA'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 6711 NW 46TH COURT LAUDERHILL, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure revisit survey was conducted on _____ at Rebecca's House, License #10610. The facility had an uncorrected deficiency at the time of the survey. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record 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 Fining's Included: a) On _____ at approximately 10:00AM, the facility's current approved CEMP was requested. The designee was unable to advise when the CEMP was submitted to the county and if they had a valid CEMP on file. b) On _____ at approximately 1:40PM, the facility approved CEMP was requested. At approximately 4:00PM, this surveyor spoke to a representative from the local Emergency Management Agency who stated the following. The facility submitted the initial CEMP on _____. The initial Notice of Deficiency was dated _____ and the resubmittal was due _____. The facility resubmitted the CEMP 2nd Revision on _____, and the 2nd Notice of Deficiency was dated _____, and the corrections are due on _____. At this time time, the facility does not have an approved CEMP. Class III Uncorrected		