STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966754	R 01/07/2019
NAME OF PROVIDER OR SUPPLIER **HOMECARE VILLA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9039 NW 20TH MANOR** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unannounced re-visit survey was conducted on at Homecare Villa, License #10898. The facility had deficiencies at the time of the visit.

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

Based on 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:

On , A review of the facility's CEMP letter dated by the local County Authorities revealed an expiration date of . The Administrator provided a receipt that the facility paid for a renewal in . 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. The Administrator confirmed the findings and no further documentation provided.

Upon interview with the Administrator on , at 9:30 AM during the revisit survey, she stated the facility still has not had a response from the local Emergency Management Division, regarding the status of their CEMP Comprehensive Emergency Management Plan approval.

Review of the facility records revealed the facility submitted the annual 2019 CEMP to the local Emergency Management officials for review and approval on . The Administrator provided documentation of attempts to the local County office and confirmed the findings and no further documentation was provided.

Class III

This is an uncorrected citation.