

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968395	(X3) DATE SURVEY COMPLETED R 12/18/2018
NAME OF PROVIDER OR SUPPLIER AVON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4531 SW 34TH DRIVE FORT LAUDERDALE, FL 33312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A unannounced licensure complaint second revisit survey, CCR #2018007234, was conducted on _____ at Avon Manor, License #12308. There was a uncorrected deficiency at the time of the survey. (An unannounced Relicensure revisit survey was conducted in conjunction with the above licensure complaint second revisit survey. Please see separate report for findings). 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review, and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division. Findings Include: a) During a Complaint Survey Revisit (CCR # 2018007234) conducted at the facility on 10/19/2018, this surveyor reviewed the facility's Emergency Management file for the approved CEMP. However it was not in the folder. This surveyor interviewed the Administrator between 12:05 PM and 12:35 PM on regarding the facility's CEMP. The Administrator stated that the renewal request had been sent "at least four or five months ago," but has not received a response as yet. Additionally, the Administrator stated that he was at the County office this morning, and stated that he is going to contact local County Officials as this is taking too long and putting him at peril. The Administrator provided a copy of their Checklist date-stamped _____ by the County. b) During a 2nd Complaint Survey Revisit (CCR # 2018007234) conducted on 12/18/2018, this surveyor requested the facility's approved CEMP. The Administrator stated the facility received a notice of deficiency, but the document was not at the facility. On 12/18/2018 at approximately 10:00AM, this surveyor spoke to a representative from the local emergency management agency who confirmed the facility submitted there initial CEMP on _____. The representative also stated the facility was sent a Notice of Deficiency on _____. The representative stated she had no additional information documented regarding if the facility submitted the 1st revision or the status of the facility's CEMP.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/17/2019
FORM APPROVED

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On . at approximately 11:00AM, during an interview with the Administrator, he acknowledged the facility did not have an approved CEMP. Class III Uncorrected		