STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968725	**01/09/2019**
NAME OF PROVIDER OR SUPPLIER **GREEN LIFE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 SW 8TH STREET** **POMPANO BEACH, FL 33060**	

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

0000 - Initial Comments

A licensure complaint survey (CCR#2018015346) was conducted on at Green Life Assisted Living Facility, License # 12577. The facility had a deficiency identified at the time of survey.

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/or approved by the county entity responsible for approval as required.

The findings include:

During an interview conducted with the Administrator on at 10:14 AM. Surveyor informed the Administrator that an approval letter is needed for the CEMP. The Administrator stated that she submitted the CEMP to the Division of Emergency Management but has not received a current approval letter. The surveyor was provided with the facility's last approved CEMP that was dated . The CEMP was approved through .

During subsequent interview conducted with the representative from Division of Emergency Management, at 12:25 PM, stated the facility's CEMP was submitted and is under review. The representative stated no additional informational could be provided.

Class III