STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968763	R 01/08/2019
NAME OF PROVIDER OR SUPPLIER **CAYMAN CIRCLE ADULT FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5843 CAYMAN CR WEST** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on . . . . . at Cayman Circle Adult Family Care, License #12609. There was an uncorrected deficiency and a new deficiency identified at the time of the survey.

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

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The Findings Included:

a) On at approximately 9:30AM the facility CEMP was requested. The Administrator stated he was waiting on an approval. She provided a submittal receipt dated . . . . . . The Administrator stated the facility has never had an approved CEMP.

b)On at approximately 1:00PM, the facility approved CEMP was requested. The Administrator stated she received a notice of deficiency letter, but did not have any of the documentation as her son was dropping the revision today. The facility doe not have an approved CEMP at this time.

On at approximately 2:30PM, this surveyor spoke to a representative form the local emergency management agency, who stated the facility submitted the initial CEMP on . . . . . and received a notice of deficiency letter on . The Administrator attempted to drop of the 1st CEMP Revision this morning . . . . . , but did not have the required documentation. As of today ( ) the facility 1st Revision has not been submitted.

Class III
Uncorrected

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to submit a Environmental Emergency Control Plan (EECP) to the local Emergency Agency for review and approval.

The Findings Included:

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	AL11968763	R **01/08/2019**
NAME OF PROVIDER OR SUPPLIER **CAYMAN CIRCLE ADULT FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5843 CAYMAN CR WEST** **WEST PALM BEACH, FL 33407**	

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

On . . . . . at approximately 1:00PM, the surveyor requested a EECP approval letter. At this time, the facility Administrator stated she had no documentation at the facility but the EECP had been submitted. The facility EECP plan implementation extension expired on , and per the Administrator, the EECP plan had not been implemented due to the facility not having an approved plan. Further interview revealed the facility has not submitted a request for a implementation variance to the Agency for Health Care Administration.

On . . . . . at approximately 1:30PM, during an interview with the Administrator, she acknowledged the findings and provided no additional documentation fro review.

On at approximately 2:30PM, the surveyor spoke to a representative form the local emergency management agency who stated as of . . . . . , the facility has not submitted a EECP for approval.

Class III