STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	**01/09/2019**
NAME OF PROVIDER OR SUPPLIER **GOOD HOPE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2251 NW 29TH COURT** **OAKLAND PARK, FL 33311**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018015794 was conducted on at Good Hope Manor, License #8627. The facility had a deficiency identfied at the time of the survey.

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

Based on observation, 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 annually.

The findings included:

A record review of the facility's CEMP letter dated by the local County Authorities revealed an expiration date of . The Administrator provided documentation of correspondences with Local Emergency Management officials of receipt the facility's plan. However, the facility has not received an approval letter.

The Administrator confirmed the findings and no further documentation provided.

Class III