STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968028	R **01/16/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K'S HAVEN, INC	**7813 SW 8TH COURT** **NORTH LAUDERDALE, FL 33068**

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

0000 - Initial Comments

An unannounced revisit complaint survey, CCR #2018009470, was commenced on and concluded ,at K's Haven, Inc., License #12019. The facility had an outstanding deficiency identified at the time of the survey.

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

Based on observation, record review and interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

The findings included:

a) A record review of the facility's CEMP letter dated by the local County Authorities with an expiration date of . 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.

b) On this surveyor spoke to the Administrator and requested the facility approved CEMP. The Administrator stated she submitted the CAMP to the local emergency management agency and has not received a response.

c) On at approximately 10:30AM, this surveyor spoke to a representative form the local emergency management agency who stated the facility submitted the initial CEMP on 11/27/2018. On the facility received a notice of deficiency. The facility has 30 days to submit a CEMP revision, and as of , the facility revision has not been received.

The Administrator acknowledged the findings.

Class III