STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910705	R 01/25/2019
NAME OF PROVIDER OR SUPPLIER **MARGATE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1189 WEST RIVER DRIVE** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted at Margate Manor ALF (Lic#6649) on . . . . . . The facility had an uncorrected 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 11:00AM the last approved CEMP was received on . . . . . and was approved through . . During an interview withe the Administrator at this time he stated the facility has not submitted a CEMP for approval since the last CEMP expired in 2017. On . . . . . at 11:30PM, during an interview with the Administrator he acknowledged the findings and provided no additional documentation for review.

b) On . . . . . at 10:01 AM during an interview with the Administartor an approved CEMP was requested. The Administartor stated they have not recieved an approval letter from the local emergency management division. The Administrator stated the plan they submitted in . . . . had deficiencies and they are still working to get the deficiencies corrected.

Class III
Uncorrected