

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/07/2019  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911449</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>02/18/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PLAZA OF HALLANDALE BEACH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3535 SW 52ND AVENUE<br/>PEMBROKE PARK, FL 33023</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced licensure Monitoring survey was conducted on . . . . . at Plaza of Hallandale Beach, License #5120. The facility had a deficiency at the time of the survey.</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>Based on interview and record review, the facility failed to provide evidence of a current Comprehensive Emergency Management Plan (CEMP) approval letter issued from the local emergency management agency.</p> <p>The findings included:</p> <p>On . . . . . at 12:45 PM, the Administrator was requested to provide a copy of the CEMP approval letter. She stated at this time the letter was current. Upon further review, it was revealed that the letter was dated . . . . . and expired on . . . . .</p> <p>At this time, the Administrator did not acknowledge the findings. She indicated that the CEMP was current during the recent relicensure survey. No further evidence of a receipt of application for a new approval letter was provided.</p> <p>Class III</p> |                                                                                                 |                                                     |