STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968338	R 02/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL ROBLE ASSISTED LIVING FACILITY	**932 SE 3RD STREET** **BELLE GLADE, FL 33430**

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on , at El Roble Assisted Living Facility, License #12278. The facility had an uncorrected deficiency 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 ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

Findings Include:

On , a Relicensure revisit survey was conducted at the facility. During the revisit, this surveyor interviewed the Owner regarding the facility's CEMP. The Owner was unable to assist with the request; and made several attempts to contact the Administrator. At 9:28 AM, the owner left the facility to go to the Administrator (a Caregiver staff was present).

On at 9:41 AM, the Administrator arrived to the facility. This surveyor immediately interviewed the Administrator regarding the facility's Comprehensive Emergency Management Plan (CEMP). The Administrator provided this surveyor a copy of the facility's Fire Plan approval from the Local County Emergency Management Division. This surveyor asked again if the CEMP had been approved. The Administrator stated "they lost the file, can't find it. So I had to print it out and resubmit it. (Director) asked me to bring the original, so I'm going to turn that in today."

The Administrator stated, I took a two (2) hour CEMP class (handed this surveyor the certificate received from the Local County Emergency Management Division received for attending the Annual CEMP Workshop Training on . He stated "(Director of Local County Emergency Management Division) called me on Thursday and asked that I submit the original (plan) so he could finish up the CEMP. I turned it in (3rd Revision) the same day of the training for the CEMP ( ). I don't know what else to do. I don't think it's fair."

On , this surveyor met with the Administrator and Owner between 10:35 AM and 10:45 AM to conduct the Exit Interview. Discussed the status of the facility's CEMP, which has not been secured yet. Stated he has submitted it and will be submitting another copy today.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968338	R **02/22/2019**
NAME OF PROVIDER OR SUPPLIER **EL ROBLE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **932 SE 3RD STREET** **BELLE GLADE, FL 33430**	

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

Uncorrected