

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969234	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF PALM BEACH GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 CENTRAL GARDENS CIR PALM BEACH GARDENS, FL 33418	

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

0000 - Initial Comments

An unannounced Operation Spot Check Monitoring survey was conducted on at Harborchase of Palm Beach Gardens (Lic#13037). The facility had a deficiency identified at the time of the survey.

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

Based on record review an interview, the facility failed to ensure a Comprehensive Emergency Management Plan (CEMP) was submitted to the local Emergency Management Agency for review and approval.

The Findings Included:

On at 12:30PM, the facility's CEMP (current) was requested for review. At this time, the Administrator stated the facility does not have an approved CEMP for review. He was unable to provide a receipt of submission due to needing documentation from the local Fire Department which he received on As of, the facility did not have an approved CEMP on file.

During an interview with the Administrator and the Regional Director on at 1:15PM, they acknowledged the findings and no additional documentation was provided for review.

Class III