STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967590	R **04/18/2019**
NAME OF PROVIDER OR SUPPLIER **A SECOND HOME OF RIVIERA BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 WEST 22ND STREET** **RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted on [redacted] at A Second Home of Riviera Beach, Inc. 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 Mangement Plan (CEMP) to the local emergency management agency for review and approval.

The Findings Included:

a) During an interview with the Administrator on [redacted], the facility's CEMP current approval letter was requested. She provided a receipt from the local emergency management agency dated [redacted]. A review of the previous year CEMP revealed the letter is dated [redacted] with an expiration date of [redacted].

b) During the revisit conducted on [redacted] at approximately 1:00, the facility's approved CEMP was requested. The Administrator provided a second revision submission receipt dated [redacted]. At this time, the facility does not have an approved CEMP on file.

Class III
Uncorrected