

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911449	(X3) DATE SURVEY COMPLETED R 05/22/2019
NAME OF PROVIDER OR SUPPLIER PLAZA OF HALLANDALE BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 3535 SW 52ND AVENUE PEMBROKE PARK, FL 33023	

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

0000 - Initial Comments

A revisit to the Monitoring survey was conducted by desk review on and for Plaza Of Hallandale Beach. The facility had an uncorrected deficiency identified at the time of the survey.

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

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.

The findings included:

a) 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

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.

b) During the desk revisit conducted on and the citation for A 0181 was uncorrected. The facility was unable to provide proof of a current approved CEMP.

Class III
Uncorrected