STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **FINNISH-AMERICAN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1800 SOUTH DRIVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced ECC Monitoring survey was conducted on . . . . . at Finnish American Village, License # 4781. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, the facility failed to obtain their Comprehensive Emergency Management Plan (CEMP) approval letter on an annual basis.

The findings included:

On . . . . . a request was made to the Administrator to provide the CEMP approval letter. He provided a receipt dated indicating the most recent application.

On a call was placed to the local emergency management agency. It was revealed that the last CEMP expired on . The last rejection date of the CEMP was . The representative indicated that the facility needed to make the required corrections to obtain approval.

On at 11:43 AM, a call was placed to the Administrator. He refuted the findings.

Class III