STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965734	R **05/21/2019**
NAME OF PROVIDER OR SUPPLIER **MARY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **14158 NW 88 PLACE** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A Revisit to Biennial Survey was conducted at Mary's Home on May 20, 2019. A deficiency was identified at time of survey.

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

Based on record review and interview the facility failed to have the updated approved emergency management plan reviewed annually.

Findings included:

Record review found that the facility did not have a current emergency management plan submitted and approved annually. The last letter of approval was dated and expired on .

On at 12:30 PM the Administrator revealed the management plan was not submitted and that she would get her consultant to assist her with it.

Class III