STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	R 06/05/2019
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SUNRISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4201 SPRINGTREE DRIVE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

A second revisit to a biennial re-licensure survey was conducted as a desk review for Brookdale Sunrise on . . . . . and . . . . . . The following deficiency remains uncorrected; A 0181.

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

Based on observation, record review and staff interview, the facility failed to provide a current Comprehensive Emergency Management Preparedness Plan (CEMP) approved by the local Emergency Management Division annually.

The findings included:

a) During an interview with the Administrator on at 1:07 PM, the facility's current CEMP and approval letter was requested. The Administrator searched for an approval letter and could not provide one. A record review revealed the facility last approval letter from the local Emergency Management Division for the CEMP was dated with an expiration date of . The facility failed to submit annual updates for a new plan 60 days prior to the plan's expiration date.

The Administrator confirmed the findings, no further documentation provided.

b) During the revisit survey conducted on , the current approved CEMP was requested. However, the facility indicated the CEMP was not approved, as of the date of the survey.

c) During the second revisit conducted on . . . . . and . . . . . , the current approved CEMP was requested. An interview with the Administrator on at 12:35 PM revealed the CEMP plan was overnighted to the local emergency management division on . . . . . . The facility was unable to provide proof of a current approved CEMP .

Class III
Uncorrected