

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911596	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER ATRIA WILLOW WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018009869 was conducted on _____ at Atria Willow Wood, License #7288. The facility had a deficiency identified at the time of the visit.

D181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review, and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

Findings Include:

During an interview with the Administrator on _____ at 9:52 AM, this surveyor interviewed the Administrator between 9:45AM and 9:52AM, at which time this surveyor requested to see the facility's CEMP approval. The Administrator stated that they "still do not have it, still awaiting approval." This surveyor requested to see verification of their submission and was provided an email from the Local County Emergency Management Division. The Administrator stated that they submitted it on _____.

In addition, the previous CEMP observed in the CEMP binder dated _____ approving the plan through _____, expired on _____. The renewal request was submitted on _____, after the expiration of the previous approval.

On _____ between 1:40 PM and 2:10 PM, Administrator commented while in his office with this surveyor: "We changed our name in _____; I had so much to do. I just missed it."

Class III