

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912132	(X3) DATE SURVEY COMPLETED R 02/13/2019
NAME OF PROVIDER OR SUPPLIER ATRIUM AT BOCA RATON (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1080 NORTHWEST 15TH STREET BOCA RATON, FL 33486	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p>0000 - Initial Comments</p> <p>An unannounced licensure complaint second revisit survey, CCR #2017013483, was conducted by desk review on for The Atrium At Boca Raton, License #7352. A previously cited deficiency remains uncorrected.</p> <p>D181 - Emergency Plan Approval - 58A-5.026(2) FAC</p> <p>Based on record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was approved annually by the county Emergency Management Division.</p> <p>The findings included:</p> <p>On at 11:21 AM a representative from the local Emergency Management Division stated that the facility's last approved CEMP expired in The facility submitted the CEMP for an annual review in The initial and second reviews were rejected. The facility's second revision of the CEMP is currently under review. The facility does not have an approved CEMP by the county as of</p> <p>Class III Uncorrected Deficiency</p>		