STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965260	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amore' At Kanner Highway Llc	1634 S. Kanner Hwy. Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
Z809-Proof Of Financial Ability To Operate-09/03/2014

Revisit Repeat Tags:
0000-Initial Comments-
0181-Emergency Mgmt - Plan Approval-58a-5.026(2) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D
St - A - Z809 - 59a-35.062(3)(e)&(7),408.803(7),408.810 - Proof Of Financial Ability To Operate S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure complaint survey was conducted on at Amore at Kanner Highway. The facility had an uncorrected deficiency found at the time of the visit.

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

Based on record review and interview, the facility failed to have its emergency management plan revised by the local emergency management agency.

The findings are:

Review of the facility records indicated that there was no emergency management plan in place. In an interview with the Administrator on at 12:10pm, she stated that the facility had no updated emergency management plan since she reviewed its previous plan which expired in 2014 and felt the facility needed to update it through the Martin county emergency management agency. She stated that the facility underwent changes in its fire and life safety systems, which required a local fire

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and life safety inspection which the facility had not passed and this was one of the components in the facility's revised emergency management plan, which needed to be submitted for Martin county emergency management agency approval.

Class III

This is an uncorrected deficiency.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Amore' At Kanner Highway Llc
1634 S. Kanner Hwy.
Stuart, FL 34994

Re: CCR #2014006244

Dear Administrator:

This letter reports the findings of a Complaint Revisit Survey conducted on 3, 2014 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

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