STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968211	**01/29/2018**
NAME OF PROVIDER OR SUPPLIER **ROSIE'S MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 SE RAINIER ROAD** **PORT SAINT LUCIE, FL 34952**	

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

0000 - Initial Comments

An unannounced Relicensure survey, along with Extended Congregate Care and Limited Mental Health monitoring surveys, were conducted on . . . . . at Rosie's Manor ALF, License #12131 . The facility had a deficiency at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and staff interview, the faciilty failed to maintain documentation of review and approval by the county emergaency management agency and make such documentation readily available for review.

The findings included:

On at approximately 1:00 PM, a request was made to the facility Manager regarding approval for the current emergency management plan (CEMP) for 2018. The Manager had the Executive Director explain that the 2018 plan was submitted for review on to the Fire Marshal's Office, which must approve the plan first. Then it goes to the local Emergency Management officials. The plan had not yet made it to the St. Lucie County Emergency Management Office for final approval.

Since the current (2018) CEMP approval letter could not be produced, a request was made to produce the prior year's (2017) CEMP approval Letter. The Executive Director stated she was unable to find the 2017 CEMP approval letter, which was usually kept within the CEMP planning binder.

Class