STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968248	03/05/2018
NAME OF PROVIDER OR SUPPLIER **PERFECT PLACE 2 (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2666 ROAD** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An abbreviated Relicensure survey was conducted on . . . . . at The Perfect Place 2, License #12184. The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 1 of 3 staff reviewed had a written statement from a health care provider documenting evidence he/she was free from any communicable within 30 days from date of hire (Staff B).

The evidence included:

On , a review of the employee records for Staff B was conducted. Staff B, a resident caregiver whose hire date was . . . . . , did not have a signed health statement from an approved health care provider confirming freedom from any communicable . There was also no documentation of a . . . . . ( ) examination being completed within 30 days of hire certifying Staff B had no signs or symptoms of .

During interview with the Facility Owner on at 2:00 PM, she acknowledged the missing statements by the health care provider regarding freedom from any communicable . . . . . , including , within 30 days of hire for Staff B.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on employee record review and staff interview, the facility failed to ensure unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications have successfully completed the initial 4 hour training, and obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff A).

The findings included:

Upon review of Staff A's employment record, whose hire date was . . . . . , no training documentation could be found showing evidence that Staff A completed an initial 4 hour training on providing assistance

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with self-administered medications and safe medication practices in an assisted living facility, taught by a Registered Nurse or Licensed Pharmacist. The only certificate found within Staff A's employee file was a 2 hour continuing education training certificate for Assistance with Self-Administered Medications, dated . . . . . .

A request for additional documentation showing Staff A completed the initial 4 hours of Assistance with Self-Administered Medication Training was made to the Administrator on at 1:50 PM. No further documentation was provided.

Class III

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

Based on facility record review and staff interview, the facility failed to submit their Emergency Plan for review and approval to the local emergency management agency.

The findings included:

On . . . . . , a request was made to the Administrator to provide the facility's letter of approval for their Emergency Management Plan. The Administrator provided a copy of their "Emergency Management Plan" with a stamp of approval from the Fire Marshal on the cover page. Upon review, half of the plan seemed to address Fire and Evacuation. There was no letter of approval from the County Emergency Management Office for a Comprehensive Emergency Management Plan (CEMP)

On when asked for the letter of approval from the local emergency management agency, the administrator called her consultant and had the consultant explain that she had submitted the emergency management plan to the county, and she was told that she only needed the stamp by the Fire Marshal for approval. She stated she addresses this with the county every year.

In Saint Lucie County, the reviews of the Emergency Management Plans are conducted by The Saint Lucie County Department of Public Safety after they are reviewed by the Fire Marshall. An approval letter is sent to facility after the department reviews the facility's CEMP and finds the plan meets all regulatory requirements. Upon review, it appears the facility submitted an Emergency Plan to the Fire Marshal, but the Comprehensive Emergency Plan was not submitted to the Saint Lucie County Department of Public Safety for approval.

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Class III