STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969237	**08/09/2018**
NAME OF PROVIDER OR SUPPLIER **ALCIME PROFESSIONAL CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2419 SW SANSOM LN** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018007848, was conducted on [redacted] at Alcime Professional Care LLC, License # 13044. The facility had a deficiency at the time of the investigation.

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

Based on interview and record review, it was determined the facility failed to submit their CEMP (Comprehensive Emergency Management Plan) for review and approval to the local emergency management agency.

The findings include:

During an interview conducted with the Administrator, on [redacted] beginning at approximately 12:20 PM, he stated he had attempted to drop off this facility's CEMP (Comprehensive Emergency Management Plan) a couple of weeks ago. However, he could not gain access to the premises. He stated, he had mailed the CEMP and had not received a response (no documentation of this mailing was provided for review). The Administrator stated he subsequently was informed that the CEMP had to be submitted via email to the county authorities. He stated he had emailed this facility's CEMP, but had not received a response. He was asked for a copy of the email. He could not locate this documentation at the time of this review. He was asked for a copy of this facility's last submission of its CEMP to the county authorities. He stated he had never submitted one prior to this time. The Administrator acknowledged he does not currently have an approval letter for this facility's CEMP.

Class III