

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969176	(X3) DATE SURVEY COMPLETED 08/13/2018
NAME OF PROVIDER OR SUPPLIER THE HOUSE OF CARES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 HALEYBERRY AVE 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# 2018007865, was conducted on _____ at The House of Cares Inc, License # 13021. The facility had deficiencies at the time of the investigation.

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

Based on interview it was determined this facility failed to submit its Comprehensive Emergency Management Plan for approval to the local emergency management agency.

The findings include:

During interview and record review conducted with the Administrator, on _____ beginning at approximately 12:10 PM, she was provided the opportunity to locate this facility's CEMP (Comprehensive Emergency Management Plan) approval letter from the County Emergency Management authorities. She provided a CEMP, dated _____, 2017, that was stamped by the local Fire Marshal's office on _____. The Administrator stated she hired a consultant to keep her up-to-date on regulations and that she was not made aware that the CEMP had to be submitted to the County Emergency Management authorities.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview, it was determined this facility failed to prepare a detailed plan to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power.

The findings include:

During interview conducted with the Administrator, on _____ beginning at approximately 12:10 PM, she was asked for an approval letter or extension for the facility's EECPP (Emergency Environmental Control Plan). The Administrator stated she has a consultant that is supposed to keep her up-to-date on regulations and that she (the Administrator) was not aware she had to have an EECPP. She acknowledged this facility does not have any policies and procedures related to the EECPP and has not submitted any plan or extension letter.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/22/2018
FORM APPROVED

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