STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968808	**08/20/2018**
NAME OF PROVIDER OR SUPPLIER **HARMONY CARE HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **372 SW TODD AVENUE** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018007852, was conducted on [redacted] at Harmony Care Home II Inc., License #12687 . 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 the facility failed to submit its CEMP (Comprehensive Emergency Management Plan) for approval to the local emergency management authorities/agency.

The findings include:

The entrance conference was conducted with the Administrator (via telephone) on at approximately 9:05 AM. She was informed a complaint inspection related to CEMP and obtaining approval for this plan was to be conducted. The Administrator stated she was not able to come in due to medical reasons. She was asked about the Alternate Administrator availability. Initially, she replied that the Alternate Administrator was out of the country and then she stated the Alternate Administrator was not available as she was working.

The Administrator was asked for the facility's CEMP and the CEMP approval letter from the county emergency management authorities. She stated she and the Alternate Administrator were in the process of developing the CEMP. She acknowledged the CEMP had not been submitted to the county emergency management authorities for approval as it had not been developed at the time of this inspection.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview, it was determined the 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 even of the loss of primary electrical power in that assisted living facility.

The findings include:

The entrance conference was conducted with the Administrator (via telephone) on at

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

approximately 9:05 AM. She was informed a complaint inspection related to the status of the facility's EECP (Emergency Environmental Control Plan). The Administrator stated she was not able to come in due to medical reasons. She was asked about the Alternate Administrator availability. Initially she replied that the Alternate Administrator was out of the country and then she stated the Alternate Administrator was not available as she was working.

The Administrator was asked for the facility's EECP. She stated she and the Alternate Administrator were in the process of developing the EECP. She acknowledged the EECP had not been completed and that she had not requested for an extension.

Class III