

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967589	(X3) DATE SURVEY COMPLETED 08/13/2018
NAME OF PROVIDER OR SUPPLIER ROSIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 SW IVANHOE STREET PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced complaint survey, #2018007861 was conducted on _____ at Rosie's Place, License #11602. The facility had deficiencies at the time of the visit.

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

Based on facility record review and staff interview, the facility failed to have an approved comprehensive emergency management plan (CEMP) approved by the local Emergency Management Division.

The findings included:

During survey conducted on _____, the Administrator was not able to produce an approval letter from the local emergency management agency for the facility's current CEMP and EPP. The Administrator stated the CEMP and EPP had been submitted for review, but could not provide a date for the CEMP's submission to the local emergency management agency.

An email was sent to the local Emergency Management Agency on _____ at 12:30 PM requesting verification of the date of CEMP/EPP submission. No response was received before survey report was submitted on _____ at 12:05 PM.

A request for EPP extension was filed by the Administrator with the Agency for Health Care Administration on the date of survey, _____.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility record review and staff interview, the facility failed to have an approved emergency environmental control plan/emergency power plan (EPP), that was submitted for approval within 30 days of the effective date of this regulation (_____).

The findings included:

During survey conducted on _____, the Administrator was not able to produce an approval letter from the local emergency management agency for the facility's current CEMP and EPP. The Administrator stated the CEMP and EPP had been submitted for review, but could not provide a date for the CEMP's

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967589	(X3) DATE SURVEY COMPLETED 08/13/2018
NAME OF PROVIDER OR SUPPLIER ROSIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 SW IVANHOE STREET PORT SAINT LUCIE, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
submission to the local emergency management agency. An email was sent to the local Emergency Management Agency on 8/13/18 at 12:30 PM requesting verification of the date of CEMP/EPP submission. No response was received before survey report was submitted on 8/13/18 at 12:05 PM. A request for EPP extension was filed by the Administrator with the Agency for Health Care Administration on the date of survey, 8/13/18. Class III		