STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969295	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **NEW DIMENSION FAMILY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **849 SW HAMBERLAND 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 #2018007857, was conducted on [redacted] at New Dimensions Family Care Inc, License #13107. The facility had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

Finding Include:

On this surveyor conducted a complaint investigation at the facility between 1:10 PM and 2:58 PM. Upon arriving, this surveyor requested the facility's Comprehensive Emergency Management Plan (CEMP).

At 1:31 PM, this surveyor was provided the facility's CEMP Handbook by employee B. This surveyor reviewed the information contained in it to see if there was CEMP information in it. There was nothing related to it in the handbook. At 1:57 PM, Employee B spoke with this surveyor again, and went to look again in the office for the CEMP/Generator information. Employee B came back at 2:03 PM, but was not able to locate anything.

Finally, Employee B located and provided the CEMP binder to the surveyor for review. This surveyor reviewed the binder and observed that it had some of the components required (i.e. fire plan, evacuation, etc.). However it did not contain the specific information such as CEMP approval, rejection or correction letters. As such, this surveyor is unable to determine the date of the previous approval, next approval, date of submission, or status (rejected, corrections needed, etc.).

between 2:53 PM and 2:58 PM, this surveyor met with employee B and restated the purpose of the visit. Also shared with employee B the findings resulting from the investigation, as well as needed for compliance. Employee B stated that the Administrator would be informed of the findings.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969295	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **NEW DIMENSION FAMILY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **849 SW HAMBERLAND AVE** **PORT SAINT LUCIE, FL 34953**	

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

Based on record review, and interview, the facility failed to ensure that their Emergency Environmental Control Plan was approved; or request and receive an Extension.

Findings Include:

On . . . . . this surveyor conducted a complaint investigation at the facility between 1:10 PM and 2:58 PM. Upon arriving, this surveyor requested the facility's Emergency Environmental Control Plan (EECP) from employee B, who was present at the time of the investigation.

At 1:31 PM, this surveyor was provided the facility's CEMP Handbook by employee B. This surveyor reviewed the information contained in it to see if there was EECP information in it. There was nothing related to it in the handbook. Employee B spoke with this surveyor again, and went to look again in the office for information on the EECP. Employee B came back at 2:03 PM, but was not able to locate anything.

Finally, Employee B located and provided the CEMP binder. This surveyor reviewed the binder and observed that it had information regarding the facility's EECP. However, with the exception of a blank EECP form, it did not contain any information regarding their EECP. As such, this surveyor is unable to determine if any actions related to the EECP (i.e. EECP approval, Extension).

between 2:53 PM and 2:58 PM, this surveyor met with employee B and restated the purpose of the visit. Also shared with employee B the findings resulting from the investigation, as well as needed for compliance. Employee B stated that the Administrator would be informed of the findings.

Class III