STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967239	R 08/20/2018
NAME OF PROVIDER OR SUPPLIER **JOHANNA'S ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1958 DORADO LN** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Revisit to the relicensure survey was conducted on 20, 2018 at Johanna's Assisted Living Inc., License #11332. The facility had an uncorrected deficiency and a new deficiency identified at the time of the visit.

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

Based on interviews, the facility failed to maintain a Comprehensive Emergency Management Plan approved by the county.

The findings included:

On /18 at 11:00 AM, the Assistant Administrator stated during interview that she did not know if the facility had an approved Comprehensive Emergency Management Plan.

On at 8:00 AM, a county representative stated that the plan that was submitted to the county required corrections. The last date that the facility was notified of the need for corrections to the plan was in a letter dated . A corrected plan had not been received and approved as of .

On at 1:00 PM, the Administrator stated during interview that the CEMP had been submitted to the county but an approval letter had not yet been received.

On at 12:02 PM, a county representative with the Emergency Planning Department stated that the facility's plan had not been approved and the facility was notified of the need for a second revised plan in a letter dated . The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and an interview, the facility failed to obtain approval and maintain documentation of an approved Emergency Environemental Control Plan (EECP) at the facility, or file for an extension with the Agency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967239	R 08/20/2018
NAME OF PROVIDER OR SUPPLIER **JOHANNA'S ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1958 DORADO LN** **PORT SAINT LUCIE, FL 34953**	

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

The findings included:

On at 1:00 PM, a request was made to Staff A for documentation showing approval of the facility's EECP. Staff A stated she did not know of any documentation showing the facility's EECP had been approved by the county's emergency management agency. The Administrator stated during interview on at 2:55 PM that she thought a request for an extension for the plan approval had been submitted to the Agency.

On at 12:02 PM, a county representative with the Division of Emergency Management stated that the facility did not have an approved Comprehensive Emergency Management Plan (CEMP) with their EECP included at this time. The CEMP that was submitted was not approved and the facility was notified of this in a letter dated .

Review of the Agency's database on showed that the facility had not had an extension approved for their EECP to be submited to the Agency. Once the EECP is approved by the county, the facility must submit a "consumer friendly version" to the Agency within two (2) days.

No further information was provided at the time of survey.

Class III