

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967844	(X3) DATE SURVEY COMPLETED R 09/06/2018
NAME OF PROVIDER OR SUPPLIER NOMEL'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 332 BISCAYNE LANE SEBASTIAN, FL 32958	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on _____, 2018 at Nomel's ALF, License #11834. The facility had an uncorrected deficiency 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 the Comprehensive Emergency Management Plan (CEMP) was submitted and approved annually by the local Emergency Management Agency.

The findings included:

On _____, review of facility CEMP (Comprehensive Emergency Management Plan) records was conducted on _____ at 10:15 AM with Staff B present. She was asked for documentation showing the facility's CEMP was approved by local authorities in the past year. She presented a form related to their generator addendum / plan. She did not have proof of annual county approval available for review. This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on _____ at 5:05 PM. There was no additional documentation provided of a submitted or approved CEMP.

On _____ at 12 PM an interview was conducted with the Administrator, it was revealed that the facility's plan had been submitted to the county for approval but had not received an approval letter or certificate. Therefore, the facility was unable to provide documentation indicating the facility's CEMP had been approved by the local Emergency Management Agency. On _____ at 11:40 AM, a county representative with the Division of Emergency Management stated that the facility's CEMP had not yet been reviewed for approval as of this date because the plan they had submitted was not complete, and required revisions before the county approved it. She stated that the facility had been notified but they had not yet received a revised plan for review.

During a phone interview with the Administrator at 10:06AM on _____, the current status of the facility's CEMP was discussed. It was revealed the facility still did not have a current approved CEMP for the facility. According to the Administrator, a fourth revision was resubmitted and that the facility is still awaiting the status of the third submission. Therefore, the facility was unable to provide documentation indicating the facility had an approved CEMP. Further record review revealed the facilities last emergency management plan was approved for the dates of _____, 2014- _____, 2015.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/18/2018
FORM APPROVED**

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Class III Uncorrected Deficiency		