STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	R **07/20/2018**
NAME OF PROVIDER OR SUPPLIER **ACADEMY ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 SOLTMAN AVENUE** **FORT PIERCE, FL 34950**	

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

0000 - Initial Comments

AMENDED REPORT

An unannounced Relicensure revisit survey was conducted on . . . . . at Academy Assisted Living Facility, Inc., License #7824. The facility had an uncorrected deficiency identified at the time of the visit.

(An unannounced Generator Monitoring survey was conducted in conjunction with the above Relicensure revisit survey. Please see separate report for findings.)

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

Based on interviews, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) annually to the county emergency planning department for review and approval.

The findings included:

On at 12:00 PM, the Administrator stated during interview that they had not yet finished the CEMP and had not submitted it to the county for approval. The last approved CEMP was 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

This is an uncorrected deficiency from the Relicensure Survey conducted on .