STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	R 10/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACADEMY ASSISTED LIVING FACILITY, INC	**1225 SOLTMAN AVENUE FORT PIERCE, FL 34950**

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

0000 - Initial Comments

An unannounced Relicensure Second revisit survey was conducted by desk review on . . . . . and . . . . . for Academy Assisted Living Facility, Inc., License #7824. The facility had an uncorrected deficiency at the time of the survey.

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

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

Based on recorded review and interview, the facility failed to submit a Comprehensive Emergency Management Plan to the county emergency planning department for review and approval.

The findings included:

Revisit:

On 07/20/18 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.

On . . . . . at approximately 12:08PM, surveyor spoke to the facility Administrator who stated the facility has been working with the local Emergency Management Agency for the CEMP approval. The facility doe snot have an approved CEMP n file.

On . . . . . at 3:20PM , spoke to a representative from the Port St. Lucie emergency management agency, who stated the facility submitted its initial CEMP on . The facility received a notice of deficiency letter on . . . . . and she has been working with the facility to get it approval. She is working the EECP section of the plan and then she will work on the CEMP. As of today, the facility CEMP has not been approved.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	R **10/16/2018**
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)

This is a uncorrected deficiency from . . . . . .