STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	**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 licensure Generator Monitoring survey was conducted on . . . . . at Academy Assisted Living Facility, Inc, License #7824. The facility had deficiencies at the time of the survey.

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

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 Emergency Environemental Control Plan (EECP) at the facility.

The findings included:

On at 12:00 PM, a request was made to the Administrator for documentation showing approval of the facility's EECP, included in the Comprehensive Emergency Management Plan (CEMP). The Administrator stated during interview at this time that the CEMP had not been completed, so the EECP had not yet been submitted to the county for approval.

Once the EECP is approved by the county, the facility must submit a "consumer friendly version" to the Agency within two (2) days.

The facility provided no additional documentation for review at this time.

Class III