

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967589	(X3) DATE SURVEY COMPLETED R 10/31/2018
NAME OF PROVIDER OR SUPPLIER ROSIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 SW IVANHOE STREET PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced licensure compliant revisit survey, CCR #2018007861 was conducted by desk review on _____ for Rosie's Place, License #11602. The facility had uncorrected deficiencies identified at the time of the desk review.

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

Based on interview and record review, the facility failed to obtain the required approval of their Comprehensive Emergency Management Plan (CEMP) from the local county authority approval.

The findings included:

A Complaint Inspection was conducted at this facility on _____. At that time, the facility was issued citation A180 because they did not have their CEMP approved by the St. Lucie Emergency Management Division (SLEMD) and available for review.

A Desk Review Revisit conducted on 10/31/18 revealed this facility had still not obtained the required approval from the SLEMD for their CEMP. In a telephone interview conducted on 11/01/18 at 9:12 AM, a representative of SLEMD advised their file was inactive. The last communication with this facility was from 2014, a revision letter was sent to the facility on _____ requesting clarifications and revisions to the facility's CEMP.

This was discussed and acknowledged by the Administrator on 11/_____ at 9:24 AM. She acknowledged the current status of this citation, and stated they would get it taken care of as soon as possible.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interviews and record review, the facility failed to obtain the required approval of their Emergency Environmental Control Plan (EECP) from the local county authority.

The findings included:

A Complaint Inspection was conducted at this facility on _____. At that time, the facility was issued citation A0200 because they did not have their EECP approved by the St. Lucie Emergency

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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Management Division (SLEMD) and available for review. A Desk Review Revisit conducted on 10/31/18 revealed this facility had still not obtained the required approval from the SLEMD for their EECF. In a telephone interview conducted on 11/01/18 at 9:12 AM, a representative of SLEMD advised their file was inactive. The last communication with this facility was from 2014, and was related to the facility Comprehensive Emergency Management Plan, not their EECF. This was discussed and acknowledged by the Administrator on 11/ at 9:24 AM. She acknowledged the current status of this citation, and stated they would get it taken care of as soon as possible. Class III		