STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968808	R 11/06/2018
NAME OF PROVIDER OR SUPPLIER **HARMONY CARE HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **372 SW TODD AVENUE** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced revisit to licensure complaint survey, CCR#2018007852 was conducted by desk review on and for Harmony Care Home II (Lic#12687). The facility had an uncorrected deficiency identified at the time of the survey.

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

Based on record review and interview, it was determined the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was submitted annually to the Emergency Management Division for review and approval.

The Findings included:

On at approximately 9:05 AM, the facility's current CEMP approval letter was requested. The Administrator and the Alternate Administrator stated they were in the process of developing the CEMP. She acknowledged the CEMP had not been submitted to the county emergency management authorities for approval as it had not been developed at the time of this survey.

On at PM, this surveyor spoke to the Administrator by phone and requested a copy of the facility current CEMP approval letter. The Administrator stated the owner was taking care of getting that submitted. On at 8:05AM, the surveyor spoke to a representative by phone from the local emergency management agency who verified there was no CEMP submitted for the facility as of . Therefore, the facility was unable to provide proof that the CEMP had been submitted and approved by Emergency Management Division and an approval

Class III
Uncorrected Deficiency