STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969237	R **11/09/2018**
NAME OF PROVIDER OR SUPPLIER **ALCIME PROFESSIONAL CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2419 SW SANSOM LN** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2018007848 was conducted by desk review on . . . . . for Alcime Professional Care LLC, license number 13044. The facility had an uncorrected deficiency identified at the time of the revisit.

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

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

The findings included:

During a telephone interview conducted on at 3:57 PM, a representative of the local Emergency Management Division was asked and stated they have not reviewed and approved this facility's CEMP. She stated a revision letter was sent to the facility on but, as of this date, no response had been received.

In a telephone interview conducted on . . . . . at 4:05 PM, the facility's Administrator was asked and stated he was still working on the CEMP. He confirmed it had not yet been forwarded to the County for approval.

Class III
Uncorrected