STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967239	R 11/06/2018
NAME OF PROVIDER OR SUPPLIER **JOHANNA'S ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1958 DORADO LN** **PORT SAINT LUCIE, FL 34953**	

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 Johanna's Assisted Living Inc, License #11332. 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:

a) On 0/ at 11:00 AM, the Assistant Administrator stated during interview that she did not know if the facility had an approved Comprehensive Emergency Management Plan. On at 8:00 AM, a county representative stated that the plan that was submitted to the county required corrections. The last date that the facility was notified of the need for corrections to the plan was in a letter dated . A corrected plan had not been received and approved as of .

b) On at 1:00 PM, the Administrator stated during interview that the CEMP had been submitted to the county but an approval letter had not yet been received. On at 12:02 PM, a county representative with the Emergency Planning Department stated that the facility's plan had not been approved and the facility was notified of the need for a second revised plan in a letter 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.

c) On , this surveyor requested a copy of the facilities approved CEMP from the facility Administrator during a phone interview. The Administrator was unable to provide an approved CEMP at this time. On at 8:10AM, the surveyor spoke to a representative from the local emergency management agency who verified the facility submitted a CEMP for approval and the facility received a notice of deficiency for the CEMP. The facility submitted the second revision on for review. As of the CEMP had not been approved.

Class III
Uncorrected

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