STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969237	R 01/31/2019
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 licensure complaint second revisit survey, CCR #2018007848 was conducted by desk review on for Alcime Professional Care LLC, License #13044. 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 interviews, the Provider failed to obtain the required approval for their Comprehensive Emergency Management Plan (CEMP) from the local county emergency management agency.

The findings included:

a) During an interview conducted with the Administrator, on beginning at approximately 12:20 PM, he stated he had attempted to drop off this facility's CEMP (Comprehensive Emergency Management Plan) a couple of weeks ago. However, he could not gain access to the premises. He stated, he had mailed the CEMP and had not received a response (no documentation of this mailing was provided for review). The Administrator stated he subsequently was informed that the CEMP had to be submitted via email to the county authorities. He stated he had emailed this facility's CEMP, but had not received a response. He was asked for a copy of the email. He could not locate this documentation at the time of this review. He was asked for a copy of this facility's last submission of its CEMP to the county authorities. He stated he had never submitted one prior to this time. The Administrator acknowledged he does not currently have an approval letter for this facility's CEMP.

b) 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.
c) During interview with the Administrator on at 10:19 AM, he stated, "No approval has been received for the CEMP. I had submitted the plan to the local emergency management agency in and received a letter requesting the plan be revised. I am working with [county emergency management agency representative] to get my plan approved. We decided to work on getting the

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CEMP approved for my other facility first, and once approved, it will only take a few small changes to the plan for it to be acceptable for this facility...The CEMP was approved by the Fire Marshall in of 2018."

On at 9:42 AM, the representative from the the local county emergency management agency responded in an email and confirmed the date of the latest revision request for this facility was . The representative added that the Provider was "very engaged" and has worked closely with her towards achieving approval for the facility's CEMP.

Class III
Uncorrected