STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969176	R 01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOUSE OF CARES INC	**1042 HALEYBERRY AVE** **PORT SAINT LUCIE, FL 34953**

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

0000 - Initial Comments

An unannouced licensure complaint second revisit survey, CCR #2018007865, was conducted on [redacted] at The House of Cares Inc, License #13021. The facility had deficiencies at the time of the survey.

During the above survey the Emergency Environmental Control Plan was reviewed.

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

Based on observations and attempted interview, the assisted living facility (ALF) failed to cooperate with Agency personnel related to a Second Revisit and an Emergency Environmental Control Plan (EECP) by not ensuring the survey was able to be completed.

The findings included:

A Revisit Survey conducted on 11/14/2018 confirmed continuing deficient practice. Three unsuccessful attempts to reach the facility Administrator or other staff by telephone were made, messages were left, but no responses were received.

A Second Revisit including EECP survey was attempt attempted on 01/30/2019 at 2:54 PM. Upon arrival, the ALF was observed with a lock box on the front door knob which contained the key to the front door, often used by realtors when the home is for sale. There were no cars present; there was no response to ringing the doorbell and knocking on the door multiple times. A business card was left on the front door explaining when and why an Agency Surveyor was here and requested a return call to the Surveyor or the local Field Office ALF Supervisor. The ALF's telephone number was called, a voice answering service picked up, and the same message was left for the Administrator.

The Administrator called this writer on [redacted] at 5:06 PM and left a message stating she was out of the country and would call when she returns to the States. She further stated she would call again sometime the next day, [redacted]. As of the time of writing this report on [redacted], no response has been received.

The facility continues to not be in compliance with Florida Administrative Codes.

Class III
Uncorrected

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969176	R 01/30/2019
NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE** **PORT SAINT LUCIE, FL 34953**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and attempted interview, the assisted living facility (ALF) continued to fail to obtain the required approval of their Emergency Environmental Management Plan (EECP) from the local authority. This has the potential to affect all current residents of the facility.

The findings included:

On , a Desk Review Revisit Survey confirmed continuing deficient practice. Three unsuccessful attempts to reach the facility Administrator or other staff by telephone were made, messages were left, but no responses were received.

On , a Second Revisit including EECP survey was attempted on site at 2:54 PM. Upon arrival, the ALF was observed with a lock box on the front door knob which contained the key to the front door, often used by realtors when the home is for sale. There were no cars present; there was no response to ringing the doorbell and knocking on the door multiple times. A business card was left on the front door explaining when and why an Agency Surveyor was here and requested a return call to the Surveyor or the local Field Office ALF Supervisor. The ALF's telephone number was called, a voice answering service picked up, and the same message was left for the Administrator.

The Administrator called this writer on at 5:06 PM and left a message stating she was out of the country and would call when she returns to the States. She further stated she would call again sometime the next day, . As of the time of writing this report on , no response has been received.

The facility continues to not be in compliance with Florida Administrative Codes.

Class III

Z817 - Minimum Licensure Requirement - Inform AHCA - 408.810( ) FS; 59A-35.100(1) FAC

Based on observations and attempted interview, the facility failed to notify the agency not less than 30 days prior to discontinuance of operation and inform clients of closure.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969176	R **01/30/2019**
NAME OF PROVIDER OR SUPPLIER **THE HOUSE OF CARES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1042 HALEYBERRY AVE** **PORT SAINT LUCIE, FL 34953**	

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

A Second Revisit including EECP survey was attempt at the ALF on 01/30/2019 at 2:54 PM. Upon arrival, the ALF was observed with a lock box on the front door knob which contained the key to the front door, often used by realtors when the home is for sale. There were no cars present; there was no response to ringing the doorbell and knocking on the door multiple times. A business card was left on the front door explaining when and why an Agency Surveyor was here and requested a return call to the Surveyor or the local Field Office ALF Supervisor. The ALF's telephone number was called, a voice answering service picked up, and the same message was left for the Administrator.

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Class III