

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968135</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/18/2019</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TRANQUILITYVILLA INC**

**9637 APACHE BLVD  
WEST PALM BEACH, FL 33412**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | Initial Comments<br><br>A revisit to the Relicensure survey was conducted on 10/18/2019 at Tranquilityvilla Inc. The facility had an uncorrected deficiency at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {A 000}             |                                                                                                                          |                          |
| {A 181}<br>SS=D          | 58A-5.026(2) FAC Emergency Plan Approval<br><br>(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.<br>(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.<br>(b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.<br>(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.<br>1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.<br>2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.<br>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.<br>(e) Any plan approved by the local emergency | {A 181}             |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968135</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/18/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TRANQUILITYVILLA INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9637 APACHE BLVD</b><br><b>WEST PALM BEACH, FL 33412</b>                     |  |                                                                    |
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| {A 181}                                                         | <p>Continued From page 1</p> <p>management agency is considered to have met all the criteria and conditions established in this rule.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date/or approved by The County Entity responsible for approval as required.</p> <p>The findings included:</p> <p>a) Interview conducted with Staff A on _____ at 01:25 PM. Surveyor informed Staff A that an approval letter is needed for the Comprehensive Emergency Management Plan (CEMP). Staff A stated that the Administrator is working on it, but they do not have an approval as of yet. Staff A submitted the last approval letter that was valid until _____</p> <p>During an interview on _____ at 04:14 PM with Staff A the findings were acknowledged and no additional information was provided.</p> <p>b) During the revisit survey conducted on _____, the facility CEMP was requested. A telephone interview conducted with the Administrator on _____ 12:34 PM, revealed the facility does not have an approved CEMP. According to the Administrator he submitted the plan two days ago to The Division of Emergency Management. He is awaiting a letter from the fire department that the floor plan is acceptable. The facility was unable to verify the last CEMP approval from the Emergency Management Division; based on interview with the _____</p> | {A 181}                                                                        |                                                                                                                          |  |                                                                    |

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|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {A 181}                  | <p>Continued From page 2</p> <p>Administrator their are substantial changes to the CEMP that would warrant an additional submission for approval of the CEMP.</p> <p>Review of additional information provided by the Administrator on                      revealed the renewal application was sent to the Emergency Management Division on                      and was rejected. The Division of Emergency Management requested a new floor plan. The new floor plan was obtained and the CEMP was resubmitted. The Administrator stated that due to the Hurricane the county stop processing CEMP renewals. The processing of the CEMP renewal resumed                      . The Administrator stated that the CEMP should have been approved within two weeks from today                      .</p> <p>Review of the Emergency Management system revealed no current status of the facility CEMP or the last approval . Therefore, this citation will remain uncorrected.</p> <p>Class III</p> | {A 181}             |                                                                                                                          |                          |