Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967779	A. BUILDING: _____ B. WING _____	10/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW GARDENS ALF	2310 WHITEWOOD AVENUE SPRING HILL, FL 34609

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced biennial re-licensure survey with an Emergency Power Plan Monitoring was conducted at Rainbow Gardens Assisted Living Facility on . . . . . , ... Deficiencies were identified at the time of the survey.	A 000		
A 181 SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (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. (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. (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. 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. 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. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.	A 181		

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A 181	Continued From page 1 (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit substantive changes in the Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval. Findings: A record review of the facility's CEMP approval letter revealed the CEMP was approved on by the Office of Emergency Management - Hernando County. On at 10:45 AM, during an interview, the House Manager confirmed the last CEMP approval letter was dated . She further stated she was unaware of the need to submit the facility's CEMP for review to the Office of Emergency Management. She confirmed the facility's CEMP needed to be updated due to the implementation of the Emergency Environmental Control Plan in . On at 4:09 PM, during a telephone interview, the Emergency Management , with the Office of Emergency Management of Hernando County confirmed that the facility CEMP was expired and as of , she had not received any CEMP documentation from the facility for approval. Class III	A 181		