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
	AL11969470	A. BUILDING: _____ B. WING _____	R 11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE ARE FAMILY ALF, LLC	7135 COCONUT BLVD WEST PALM BEACH, FL 33412

(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 revisit to the Generator Monitoring survey was conducted on [redacted] at We Are Family ALF, LLC. The previously cited deficiency was found uncorrected 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 interview and record review, the facility failed to provide evidence of the Comprehensive Emergency Management Plan approval letter (CEMP) from the local emergency management agency. The findings included: 1) On at 1:40 PM, the Administrator was requested to provide the CEMP approval letter. She stated she did not have an approved CEMP letter. She stated that she did not submit the CEMP because she was told by a representative from the Division of Emergency Management that she had up until one year from the initial survey to submit the plan. At this time, the regulatory statutes regarding the CEMP was reviewed with the Administrator, she was informed all facilities are required to be in compliance with the CEMP requirements. 2) On at approximately 1:40 PM, the approved CEMP was requested from the Administrator. She stated the facility does not have an approved CEMP on file. She stated they have submitted once in and once in and they were both rejected. The last rejection was on . At this time, this surveyor spoke to a representative form the local Emergency Management Agency who stated the facility has a pending CEMP that was submitted on	{A 181}		

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{A 181}	Continued From page 2 The facility was unable to provide proof a current approved CEMP. Therefore, the citation will remain uncorrected. At this same time, the Administrator acknowledged the findings and no additional information was provided. Class III	{A 181}		