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
	AL11969240	A. BUILDING: _____ B. WING _____	R 11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERLASTING FAMILY HOME CARE SERVICES II LLC	197 PONCE DE LEON ST ROYAL PALM BEACH, FL 33411

(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 2nd revisit to the relicensure survey was conducted on . . . . . at Everlasting Family Home Care Services II LLC . The facility had an uncorrected deficiency 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	{A 181}		

(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 observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

a) Upon request to review the CEMP approval letter for the year of 2019 from the Local Emergency Management Division, no current documentation was provided.

Review of the most recent letter from the Emergency Management Division revealed that the last CEMP submission was for [redacted] and that the CEMP was recently rejected on [redacted].

During an interview with the Administrator on [redacted] at 11:10 AM, it was stated that we have not had a CEMP approved and that we have been working with the County to get it approved. It was stated that I have to resubmit everything on Friday, and it was previously submitted two weeks ago. During this time the Administrator acknowledged that the facility does not have an approved CEMP, no additional information was provided for review.

b) On [redacted] at 10:38 AM, a telephone call was placed to the Emergency Management

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{A 181}	Continued From page 2 Division Agency. It was revealed that the facility had not received their Comprehensive Emergency Management Plan approval letter. The representative indicated that the approval was in pending status. c) On . . . . . at 12:15PM, during an interview with the Administrator, she was unable to provide any current documentation regarding CEMP submissions. During an interview with the local Emergency Management Agency, it was revealed the last submission was dated and was rejected on . . . . At this time over half of the plan is out of compliance per the (EMA). at 11:30 AM. , the Administrator, was advised of the findings. Therefore, the citation will remain uncorrected . Class III Uncorrected	{A 181}		