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
	AL11968633	A. BUILDING: _____ B. WING _____	11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVELYN'S PLACE, INC.	4901 JEFFERSON STREET HOLLYWOOD, FL 33021

(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 Generator Monitoring survey was conducted on [redacted] at Evelyn's Place. The facility had a deficiency identified at the time of the survey.	A 000		
A 181 SS=D	59A-36.019(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 59A-36.014, 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. (e) Any plan approved by the local emergency	A 181		

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A 181	Continued From page 1 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, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division. The findings included: A record review was conducted of the facility's emergency plan, the facility failed to provide a current and approved CEMP Comprehensive Emergency Management Preparedness Plan approval letter. Further record review revealed the facility's last CEMP approval letter is dated with an expiration date of . An interview was conducted on at 9:45 AM with the local Fire Prevention Officer (FPO) regarding the City local ordinance generator requirements. The FPO stated the local ordinance requires all Assisted Living Facilities located in a non-evacuation zone in the City to be fully equipped with a standby generator. The FPO further stated on her most recent visit (date unknown) to the facility the Administrator was advised of the FPO concern of not having the required generator. During an interview with the Administrator on at 12:49 PM, she stated a contractor has been hired and was under the impression that the contractor had already requested for permits to start the generator installation, however, permits under review for approval. Due to the substantial changes, the facility is required	A 181		

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A 181	Continued From page 2 to submit a new CEMP and obtain a current approval. The Administrator confirmed the findings and no further documentation was provided. Class III	A 181		