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
	AL11968135	A. BUILDING: _____ B. WING _____	R 01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILITYVILLA INC	9637 APACHE 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 A second revisit to the Relicensure survey was conducted by desk review on . . . . . for Tranquilityvilla Inc. 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. (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 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. The findings included: 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 . During an interview on at 04:14 PM with Staff A the findings were acknowledged and no additional information was provided. b) During the revisit survey conuducted 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	{A 181}		

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{A 181}	Continued From page 2 Administrator their are substantial changes to the CEMP that would warrant an additional submission for approval of the CEMP. 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 . Review of the Emergency Management system revealed no current status of the facility CEMP or the last approval . Therefore, this citation will remain uncorrected. c) During a phone interview with the Administrator on , the facility's current CEMP was requested. The Administrator stated, at this time, that the facility still does not have a current approved CEMP. He stated, that upon last submission, the facility had to provide some additional information to the Emergency Management Division; the information has been submitted and now awaiting approval. Therefore, the facility was unable to provide evidence of a current CEMP. Class III Uncorrected	{A 181}		