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
	AL11965313	A. BUILDING: _____ B. WING _____	R 01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLISLE PALM BEACH, THE	450 EAST OCEAN AVENUE LANTANA, FL 33462

(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 Revisit to the licensure complaint survey, #2019004154, was conducted by desk review on 01/23/2020 for The Carlisle Palm Beach. The facility had an uncorrected deficiency at the time of the survey. This survey was conducted in conjuction with a Revisit survey to complaint #2019002778. Please refer to the separate report for the findings.	{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	{A 181}		

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{A 181}	Continued From page 1 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 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 interviews and record review, the facility failed to maintain a county approved Comprehensive Emergency Management Plan (CEMP). The findings included: On at 3:15 PM, the Administrator stated during interview that there was no approved Comprehensive Emergency Management Plan by the county. The facility provided no additional documentation for review at this time. On at 4:29 PM, a county representative with the Division of Emergency Management stated that the facility's last approved CEMP expired in 2014. An initial review of a CEMP that was submitted by the facility was conducted by the county and not approved. The facility's Operations Director was sent a letter from the county dated . . . . indicating what revisions were required. However, the facility had not submitted any revisions to the county as of . The county does not have an approved CEMP for this facility at this time. The facility has had substantial changes since last approval in 2014; therefore, the facility is required to resubmit the CEMP for a current approval.	{A 181}		

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{A 181}	Continued From page 2 Class III Uncorrected	{A 181}		