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
	AL11911165	A. BUILDING: _____ B. WING _____	R 01/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSTIC RETREAT	1120 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

(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 second revisit to a licensure Complaint survey, #2019005902, was conducted on at Rustic Retreat. The facility had an uncorrected deficiency at the time of the survey. (The above licensure Complaint second revisit survey was conducted in conjunction with the Relicensure survey and licensure Complaint survey, #2019016863 and #2019017208. Please see separate report for 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	{A 181}		

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{A 181}	Continued From page 1 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 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 record review and interviews, the facility continued to fail to obtain the required Comprehensive Emergency Management Plan (CEMP) from the county emergency management department. The findings included: On this writer requested documentation verifying an approved County Emergency Management Plan (CEMP) for the year 2018 through 2019 from the Administrator. But, no current documentation was provided. The application records and review of a letter the facility received from County Emergency Management office indicated that the plan submitted was rejected on . The last CEMP approved was valid until . During an interview with the Administrator at 10:00 PM on , he stated that the last CEMP approval was valid through . He reported that he submitted the CEMP on for a fourth revision and it was not approved. He said that he will go to the office to meet with the responsible parties before resubmitting the plan.	{A 181}		

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{A 181}	Continued From page 2 He also confirmed that he didn't have an approved Emergency Environment Control plan, which is a part of the CEMP approval. Therefore, the facility is required to submit for approval. The Administrator was informed that the facility would again be cited and conceded having no additional information to provide. On at , the facility Administrator was asked if their CEMP had been approved by the Palm Beach County Division of Emergency Management (PBCDEM). She stated it was still being reviewed by the PBCDEM. In a telephone interview conducted on at 2:17 PM, a representative of the PBCDEM reviewed the file and stated it had been rejected nine times since the last approval in , and another rejection packet was being issued this day. He provided a copy of the cross-reference form, the document that details the irregularities in the CEMP, which included but was not limited to: 1. Identification of which flood zone the facility is located in as identified on a Flood Insurance Rate Map. 2. Identify the chain of command to ensure continuous leaderships and authority in key positions. 3. Identify the individual responsible for implementing facility evacuation procedures. 4. Determine at what point to being the pre-positioning of necessary medical supplies and provisions. 5. Identify how key workers will be instructed in their emergency roles during non-emergency times. 6. List the name of the company, contact person, telephone number and addresses of emergency service providers such as transportation,	{A 181}		

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{A 181}	Continued From page 3 emergency power, fuel, water, fire, Red Cross, etc. 7. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. 8. Any additional material needed to support the information provided in the plan. The aforementioned concerns/missing information are substantialed changes that require the facility to resubmit the CEMP to the Emergency Managment Division. Therefore, the facility does not have a current approved CEMP. Class III Uncorrected	{A 181}		