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
	AL11969259	A. BUILDING: _____ B. WING _____	R 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MITZVAH MANOR ALF	1086 SW 28TH AVE BOYNTON BEACH, FL 33426

(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 revisit to the Relicensure survey was conducted on [redacted] at Mitzvah Manor ALF. The facility had an uncorrected deficiency and a new deficiency identified 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 (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 record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and/or approved by the Local County Emergency Management Division. The Findings Include: On this surveyor attempted to conduct a Re-licensure Revisit Survey to the facility. Upon arriving at facility at 12:35 PM, this surveyor rang the doorbell several times and got no answer. On 01/14/2020 at 12:44 PM: This surveyor called the number on file but got voicemail stating: "Your call has been forwarded to an automatic voice message system. (telephone number) is not available. At the tone, please record your message. When you have finished, please hang-up. Or for more options, press 1." This surveyor left a message with call- . . . information. 12:55 PM: This surveyor rang the doorbell several times again and did not get an answer or response. On /20202 at 12:58 PM: This surveyor made a telephone call to number listed for facility. After several rings, received automated system: "Your call has been forwarded to an automated voice message system. (telephone number) is	{A 181}		

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{A 181}	Continued From page 2 not available. At the tone, please leave your message. After you have finished, please hang-up. Or for more options, press 1." On [redacted] at 1:07 PM: This surveyor rang the doorbell several more times and received no response. As of this date this surveyor has received no response. This surveyor was unable to conduct an Exit Interview as the owner, Administrator, or designee was not available. This surveyor left a business card with a message a written message on [redacted] requesting a call-[redacted]. As of this date ([redacted]), no contact by Administrator, owner or designee has been made with this surveyor. Class III	{A 181}		

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CZ817 SS=C	408.810( ) FS; 59A-35.100(1) FAC Minimum Licensure Requirement - Inform AHCA 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license. (3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of: (a) Information contained in the most recent application for licensure. (b) Required insurance or bonds. (4) Whenever a licensee discontinues operation of a provider: (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled. (b) The licensee shall remain responsible for retaining and appropriately distributing all records within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of or dissolution of a licensee, the estate or agent of the licensee shall: 1. Make arrangements to forward records for each client to one of the following, based upon the client's choice: the client or the client's legal representative, the client's attending physician, or	CZ817		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ817	Continued From page 1	CZ817		

the health care provider where the client currently receives services; or
2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks.

59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions.

This Statute or Rule is not met as evidenced by:
Based on observation the facility failed to inform the Agency not less than 30 days prior to the discontinuance of operation as required by authorizing statutes. No notice was provided to the Agency.

Findings include:

On . . . . . this surveyor attempted to conduct a Re-licensure Revisit to the facility. Upon arriving at facility at 12:35 PM, this surveyor rang the doorbell several times and got no answer. Observation of the home revealed that the plantation blinds were closed on each of the windows visible, and the glass in the double-doors were covered with a paper like

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CZ817	Continued From page 2 substance to prevent viewing inside the home from the outside. There was no activity observed at the facility during the time this surveyor was onsite. On at 12:44 PM: This surveyor called the number on file but got voicemail stating: "Your call has been forwarded to an automatic voice message system. (telephone number) is not available. At the tone, please record your message. When you have finished, please hang-up. Or for more options, press 1." This surveyor left a message with call- . . . information. 12:55 PM: This surveyor rang the doorbell several times again and did not get an answer or response. On . . /20202 at 12:58 PM: This surveyor made a telephone call to number listed for facility. After several rings, received automated system: "Your call has been forwarded to an automated voice message system. (telephone number) is not available. At the tone, please leave your message. After you have finished, please hang-up. Or for more options, press 1." On at 1:07 PM: This surveyor rang the doorbell several more times and received no response from within the facility. This surveyor was unable to conduct an Exit Interview as the owner, Administrator, or designee was not available. This surveyor left a business card with a message a written message on requesting a call- . As of this date (. . . . .), no contact by facility/Administrator with this surveyor has been made. Class III	CZ817		

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