

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRILLIANCE LIVING CORPORATION

**699 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**

(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 complaint investigation (CCR#2020012605) survey, Focused Control survey and Emergency Environmental Control Plan monitoring survey were conducted at Brilliance Living Corporation Assisted Living Facility on . The facility had deficiencies at the time of the survey.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes to have an emergency operations plan must designate a safety liaison to serve as the primary contact for emergency operations. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved emergency operations plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan	CZ830		

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NAME OF PROVIDER OR SUPPLIER BRILLIANCE LIVING CORPORATION		STREET ADDRESS, CITY, STATE, ZIP CODE 699 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168		
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CZ830	Continued From page 1 for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on an interview with the Administrator and a review of the Agency for Health Care Administration (AHCA) Emergency Status System (ESS), the facility failed to ensure the safety of its 39 current residents, by failing to report the following information using the online database (ESS): facility census, available beds, inventory and needs for 125 of 128 days reviewed and by failing to report other related information for Novel Coronavirus (COVID-19) daily by 10:00 a.m. for 45 days out of 128 reporting days, pursuant to Executive Order 20-51, and at the direction of the State Surgeon General.	CZ830		

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CZ830	Continued From page 2 The findings include: During an interview with the Administrator on at 10:45 a.m., she was asked if she updated the Emergency Status System (ESS) by 10:00 a.m. each day. She responded "no" and added she could not do it because the former administrator did not give her the log-in information she needed to do so. She had not changed the administrator yet in the AHCA ESS system to be able to do it. A review of the ESS Date Submission History with the Administrator revealed the most recent update for the census and availability was on _____ and there were multiple days missed where the former administrator had not entered the data. She acknowledged that this was, in fact, true. The COVID-19 information had not been entered since _____ and there were multiple days of missing data since _____ the first day data submission was mandatory. The Administrator confirmed the findings and stated she would begin reporting daily. Further review of the ESS system revealed census and availability data as: Dates of missing data: <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> <tr> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> <td>16</td> </tr> <tr> <td>17</td> <td>18</td> <td>19</td> <td>20</td> </tr> <tr> <td>21</td> <td>22</td> <td>23</td> <td>24</td> </tr> <tr> <td>25</td> <td>26</td> <td>27</td> <td>28</td> </tr> <tr> <td>29</td> <td>30</td> <td>31</td> <td>32</td> </tr> </table> (28 days) No entries for the month of ____ (31 days) No entries for the month of ____ (30 days) No entries for the month of ____ (31 days)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	CZ830		
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CZ830	Continued From page 3 No entries for the month of _____ (5 days) From _____ to _____ = 125 days missed out of 128 reporting days. COVID-19 Monitoring: Additional info - Details as: Dates of missing data: _____ (11 days). _____ (10 days) _____ (8 days). _____ (11 days). From _____ to _____ = 40 days missed out of 128 reporting days. Pursuant to the Governor's Executive Order 20-51, and at the direction of State Surgeon General regarding Novel Coronavirus (COVID-19), the Agency for Health Care Administration opened the event "COVID-19 Monitoring" in the Emergency Status System to monitor assisted living facilities' census, inventory, needs, and other related information statewide. All assisted living facilities were required to report current resident census and available beds in their facilities daily by 10:00 a.m. and answer additional questions related to the facility status and COVID-19. Notification to facilities was dated _____ Class III	CZ830		