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
	AL11966601	A. BUILDING: _____ B. WING _____	07/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BJ HOME CARE INC	2218 SW 26 LANE MIAMI, FL 33133

(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 COVID-19/Generator monitoring survey was conducted at BJ Home Care Inc on . . , . . . , and concluded on , . . . The facility had deficiencies identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . . . or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 1 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to contact residents' health care providers and the residents' family when two out of nine residents sampled required medical attention and tested positive for COVID-19 (Residents #1 and #2). Findings included: During an interview on at 11:01 AM, the administrator stated that the facility transferred Residents #1 and #2 to two different local hospitals and both residents tested positive to COVID-19. Review of progress notes completed for Resident #1's record showed that on the facility received a phone call from the resident's doctor. The resident's doctor informed the facility that the resident tested positive to COVID-19. The facility sent the resident to a local hospital on There was no documentation indicating the	A 025		

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A 025	Continued From page 2 facility received instructions from the resident's health care provider for sending the resident to hospital or that the facility staff called and informed the resident's health care provider or her family about the resident being hospitalized. The facility did not have documentation indicating they informed the resident's family that she tested positive to COVID-19. Review of progress notes completed for Resident #2's record showed that there was no documentation indicating that the resident received medical attention after having a [redacted] from [redacted] to [redacted]. The progress notes dated [redacted] showed that one of residents at the facility tested positive for COVID-19 [redacted]. The record further documented that the administrator decided to transfer the resident to a local hospital in order to be tested for COVID-19. There was no documentation indicating the facility called and informed the resident's health care provider or her family about being hospitalized and testing positive to COVID-19. Class III	A 025		
A 030 SS=J	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C.	A 030		

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A 030	Continued From page 3 (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers.	A 030		

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A 030	Continued From page 4 (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.	A 030		

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A 030	Continued From page 5 (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this	A 030		

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A 030	Continued From page 6	A 030		

paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , , , , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , , and prohibitions set forth in this part is posted in a

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A 030	Continued From page 7 prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and, if applicable, ... , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall	A 030		

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A 030	Continued From page 8 such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to safeguard residents' well-being by failing to follow current control standards related to COVID-19 and Florida Governor's emergency order DEM Order 20-006, dated , delineating minimum screening standards for persons entering identified residential facilities. The facility failed to ensure that seven out of nine sampled residents lived in an environment free of neglect (#3, #4, #5, #6, #7, #8 and #9). Residents #3 and #4 who tested positive to COVID-19 did not wear facemask correctly and shared common areas with the rest of the residents. The facility failed to ensure that staff used the correct Personal Protective Equipment (PPE) when caring for residents with confirmed cases of COVID-19. The facility intermingled staff between caring for negative resident s and residents with confirmed cases of COVID-19 with insufficient control precautions being used between them. The facility placed the five remaining residents at high risk for getting with COVID-19 because it failed to screen people entering to facility and did not ensure that staff used the correct PPE when caring with confirmed cases of COVID-19. The facility did not have designated staff for caring of COVID-19 confirmed cases. Findings included:	A 030		

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A 030	Continued From page 9 1. Observation on at 11 AM showed Resident #6 sitting in the living room next to the entrance to # . The resident was wearing a disposable surgical facemask that did not cover her . Further observation at 11:04 AM showed Residents #3 and #5 in # . Resident #3, who was positive for COVID-19, did not wear a facemask but held one in her . Observation on at 11 AM showed Resident #4, who was positive for COVID-19, standing in the living room, wearing a disposable surgical mask which did not cover his . Review of the facility's records regarding control for COVID-19 showed that the facility would enforce social distancing among residents and restrict all residents to their rooms. During an interview on at 9:43 AM, the administrator stated Residents #3 and #4 tested positive for COVID-19 during the weekend. In a further interview at 10:06 AM, the administrator added that he started checking Residents #3 and #4 s' saturation level when they tested positive for COVID-19. Observation on at 11:02 AM showed that that there were insufficient supplies to ensure that effective hygiene could be maintained, in the bathroom next to # , including a lack of paper towels. During an interview on at 11:01 AM, the administrator stated Residents #3 (positive for COVID-19), #5, #6 and #7 (all negative for COVID-19), shared the bathroom next to # . Observation on at 11:04 AM showed the	A 030		

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A 030	Continued From page 10 kitchen sick had a cloth towel used by multiple staff in the kitchen. Observation on at 11:05 AM showed that there were insufficient supplies to ensure that effective hygiene could be maintained, in a shared bathroom used by Residents #4 (positive for COVID-19), #8 and #9 (both negative for COVID-19), including a lack of paper towels. During an interview on at 11:05 AM, the administrator confirmed that these three residents shared the bathroom. Review of progress notes completed for Resident #4's record showed that the facility entered two notes on . The first note indicated the resident had with but no while on the second note showed he had with and "little " at night. There was no documentation indicating that the resident medical attention. During an interview on at 11:48 AM, the administrator stated Resident #4 did not receive medical care because the resident did not have any other sign or symptom that could be associated to COVID-19. The administrator added that the facility did not contact any doctor because the and the would disappear by themselves. Review of the staff schedule showed that it included the administrator, Staff B, C and E during the week from to . The administrator worked as 'on call' from to . Staff B worked on from 5 PM until at 7 PM and from to from 7 AM to 7 PM. Staff C worked from 7 AM to 5 PM from to and on from 7 AM until at 5 PM. Staff E worked from to from 7 PM to	A 030		

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A 030	Continued From page 11 7 AM and on [redacted] from 5 PM to 7 AM. During an interview on [redacted] at 11:52 AM, Staff B stated she provided care to residents with Staff C and D. She further stated that all three of them provided care to all residents. She stated staff D had also tested positive for COVID-19, and said that all staff wore a facemask while inside the facility. During an interview on [redacted] at 11:01 AM, the administrator stated that Residents #1 and #2 were at two different local hospitals. He said the facility sent Resident #1 to the hospital because she did not feel well and tested positive to COVID-19. Subsequently, the facility sent Resident #2 to a different local hospital. The administrator added that the facility received a phone call from a local hospital informing that Resident #2 tested positive to COVID-19. Residents #1 and #2 were still at the hospital. Review of the facility's records for screening completed on the residents showed that Resident #1 had a [redacted] for 4 consecutive days from [redacted] to [redacted]. Review of progress notes completed for Resident #1 showed that on [redacted], the resident had [redacted]. There was no documentation indicating that the resident received medical attention. Review of Resident #1's record showed she was over [redacted]. A health assessment completed on [redacted] indicated that she had medical history and diagnoses of [redacted] Type 2, [redacted], [redacted], MDD (Major [redacted]), [redacted], D	A 030		

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A 030	Continued From page 12 , and . The resident had slow motor coordination and needed assistance device for ambulation. The resident who was identified as at risk of elopement, and she required precautions. The resident needed assistance with bathing, , self-care, toileting and transferring. Review of progress notes completed for Resident #1's record showed that on the facility received a phone call from the resident's doctor. The resident's doctor informed the facility that the resident tested positive to COVID-19. The facility sent the resident to a local hospital on . Review of the facility's screening completed to the residents showed that Resident #2 had for 3 consecutive days from to . Review of progress notes completed for Resident #2's record showed that there was no documentation indicating that the resident received medical attention after having a from to . The progress notes dated showed that one of residents at the facility tested positive to COVID-19 . The notes revealed that the administrator decided to transfer the resident to a local hospital in order to be tested for COVID-19. Review of Resident #2's record showed that she was over , . There was a health assessment (AHCA form 1823) completed on indicating she had medical history and diagnoses of Advanced 's , , (Non-), Hypolipidemia, and , . The resident had ambulatory , needed assistance with the gait and had	A 030		

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A 030	Continued From page 13 decline in function. The resident needed precautions. The resident needed assistance with all activities of daily living (ambulation, bathing, , eating, self-care, toileting and transferring). Review of the resident record showed that Resident #4 had and on . Review of Resident #4's record showed that there was a health assessment (AHCA form 1823) completed on . The form indicated the resident had medical history and diagnosis of , . The resident was independent with ambulation and transferring by needed supervision with bathing, , eating, self-care, and toileting. During an interview on at 11:48 AM, the administrator stated Resident #4 did not receive medical care because the resident did not have any other sign or symptom that could be associated to COVID-19. The administrator added that the facility did not contact any doctor because the and the would disappear by themselves. During an interview on at 9:43 AM, the administrator confirmed that Staff C and D tested positive for COVID-19. At 9:56 AM, the administrator added that he and each staff member had one N95 , mask. He further stated that they reused the masks by spraying them with or a mixture of Clorox and water. The administrator stated that this way of the masks was his idea, because he did not consult any , . The administrator stated that he, Staff B and Staff E provided care to the residents.	A 030		

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	AL11966601	A. BUILDING: _____ B. WING _____	07/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BJ HOME CARE INC	2218 SW 26 LANE MIAMI, FL 33133

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A 030	Continued From page 14 During an interview on at 9:43 AM, the administrator stated Resident #4 tested positive to COVID-19 during the weekend. Review of the facility's policies and procedures showed that the facility would notify the health department if a resident or health care provider developed , , and . During an interview on at 11:31 AM, Staff D stated she tested positive to COVID-19 on and again on . Staff D said she experienced , , body , , loss of taste, runny and starting on , . She further stated that she provided care and services to all residents at the facility. Staff D stated she reused the N95 , mask on multiple occasions after she washed it with soap and water or bleach. She stated that the facility did not give gowns or , protection to the staff, and that she was given only one N95 , mask to reuse, and gloves. During an interview on at 11:33 AM, Staff C stated she tested positive to COVID-19 on . On Friday, , the staff started experiencing , and . During an interview on at 4:36 PM, Staff E stated she did not work for the facility since the facility started to have positive cases and that was on the week after the 4th of , . During an interview on at 4:43 PM, Staff B stated he knew that Residents #1 and #2 tested positive to COVID-19. Staff B added that the administrator informed her to take special precautions with Residents #3 and #4, but that the administrator did not tell Staff B that these two	A 030		

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A 030	Continued From page 15 residents had tested positive to COVID-19. On , the administrator was not at the facility and Staff B had to take care of all the seven residents in the facility. Staff B revealed that she wore an N95 mask which she washed with soap and water or applied so that she could reuse the mask later. Staff B stated that she had no gown or shield while caring for residents # 3 and 4. Staff B added that Staff C also tested positive tor COVID-19 the previous week. According to the CDC, health care personnel who enter the room of a patient with suspected or confirmed SARS-CoV-2 should adhere to standard precautions and use a NIOSH-approved N95 or equivalent or higher-level , (or facemask if a , is not available), gown, gloves, and , protection. 2. The COVID-19 is a transmissible , , that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, , , , and . See generally, Publications of the Centers for Control (CDC). On , the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's citizenry, including those most to the	A 030		

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A 030	Continued From page 16 effects of . Among those emergency orders was DEM Order 20-006, dated , , delineating minimum screening standards for persons entering identified residential facilities. The Agency for Health Care Administration (AHCA) has issued guidance and clarification on DEM Order 20-006 to providers, and on , issued an alert notifying providers that all staff or other individuals admitted to a residential facility must don masks and that caregivers must wear gloves when providing resident care. While the treatment and management of residents with and the implementation of isolation precautions for such events are a long-standing health care issues faced by residential facilities, the ease of contagion and the effects of presented by COVID-19 mandate that providers exert meticulous practice and procedure to identify resident symptoms and take immediate procedures to both assure appropriate treatment of a potentially resident and protect the remainder of a facility's population from the risk of spread of the . According to the CDC, COVID-19, was a fatal condition which has killed more than 5,000 Florida residents and over 140,000 people in the United States to Date. A person with COVID-19 can present symptoms from mild to severe illness from days after being exposed to . According to the World Health Organization, older people, and those with underlying medical problems like high , , and problems, , or , are at higher risk of developing serious illness experiencing	A 030		

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A 030	Continued From page 17 and/or . . . associated with difficulty breathing/ , . . /pressure, or loss of speech or movement. Observation on at 10:57 AM showed the administrator opened the door to the state representative. He did not screen the state representative, or ask if the representative was out of the country in the last 15 days or had any signs of COVID-19. The administrator did not check the temperature of the state representative. During an interview on at 12:23 PM, the administrator stated that he assumed the representative did not have any signs or symptoms associated with COVID-19 because the representative worked for a state agency. Observation on from 10:57 AM to 12:50 PM, the administrator came within six . . . of the state representative several times. When asked to observe social distancing practices, the administrator requested that the state representative continuously redirect him to keep the social distance of 6 apart. Class I	A 030		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have	A 078		

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A 078	Continued From page 18 been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to	A 078		

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A 078	Continued From page 19 provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that staff had preparation and experience to perform assigned duties for one out of five staff sampled (Staff B). Findings included: During an interview on . . . . . at 11:12 AM, the administrator stated that the facility's generator was new. Observation on . . . . . at 11:22 AM showed Staff B attempted to turn on the generator but she was not successful. The staff attempted again at 11:25 AM without success. The administrator started to tell the staff step by step what to do in order to turn on the generator. Staff B attempted for third time at 11:27 AM without success. During an interview on . . . . . at 11:25 AM, Staff B stated she did not turn on the generator	A 078		

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A 078	Continued From page 20 before but she would do it. Class III	A 078		
A 200 SS=G	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive	A 200		

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A 200	Continued From page 21 emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common	A 200		

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A 200	Continued From page 22 ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the	A 200		

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A 200	Continued From page 23 period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency rule 58AER17-1 will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.	A 200		

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A 200	Continued From page 24 (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than [illegible], have implemented the plan required under this rule. (b) The Agency shall allow an extension up to [illegible] to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the	A 200		

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A 200	Continued From page 25 extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior	A 200		

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A 200	Continued From page 26 to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life	A 200		

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A 200	Continued From page 27 safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted	A 200		

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
	AL11966601	A. BUILDING: _____ B. WING _____	07/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 200	Continued From page 28 living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on interview, observation, and record, the facility failed to have sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that, in the event of the loss of primary electrical power it could operate the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of forty-eight (48) hours. The facility failed to store the alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. The facility failed to test the generator to ensure it functioned to safely and sufficiently operate the alternate power source. Findings included:	A 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 200	Continued From page 29 1. During an interview on . . . . . at 11:12 AM, the administrator stated that someone stole the generator and the gasoline from the facility, and that he bought a new generator which was stored outside with the fuel. On a further interview at 11:19 AM, the administrator stated that the generator was dual; it could use gasoline and propane. Observation on at 11:19 AM showed that there was no fuel on site. The facility had a WGen7500DF Generator - Dual Fuel. During an interview on at 11:28 AM, the administrator stated that the facility had 6 gallons of gasoline inside the generator. He further stated that the generator would run between 12 and 16 hours with 6 gallons of gasoline. The administrator added that he would not buy more fuel until he had a new container. He said he would buy the new container for the fuel when someone sold a good one and at a good price. The administrator said that the facility had empty gasoline containers, but the fire inspector told him that those containers were not allowed. The administrator added that the facility did not have documentation indicating the facility was not allowed to store gasoline. Review of the online manual for WGen7500DF Generator - Dual Fuel showed that the generator would run for up to 11 hours on a 6.6 gal. fuel tank. 2. Observation on . . . . . at 11:19 AM showed that the portable generator stored next the facility less than one . . . away from the facility, next to one door and under the window of the living room.	A 200		

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A 200	Continued From page 30 During an interview on [redacted] at 11:29 AM, the administrator stated that the generator would remain at the same spot if the facility needed to use it during or after an emergency. In accordance with the requirements of the Florida Residential Code, Section R1602.2 or for commercial generators see the Florida Mechanical Code, Section 501.3.5.1, the location of the generator exhaust with respect to exterior wall openings in the building should be located 10 away from wall openings such as windows, doors, exhaust fans, appliance vents, etc. 3. Review of facility's records showed that there were two generator/emergency environmental equipment maintenance logs. One the of generator logs was blank while the other generator log showed that the facility completed the last test to the generator and the mobile (portable) air conditioner on [redacted]) at 9 AM. During an interview on [redacted] at 11:14 AM, the administrator stated that the generator was tested every month. Class II	A 200		