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
	AL11969020	A. BUILDING: _____ B. WING _____	09/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDERMERE MEMORY CARE INC	7901 KIPLING ST PENSACOLA, FL 32514

(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 On , , an unannounced complaint survey, 2020015749, related to Hurricane Sally which made landfall in Pensacola on , was conducted at Windermere Memory Care in Pensacola, FL. At the time of the survey, deficient practice was identified.	A 000		
A 152 SS=L	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, chest or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the	A 152		

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A 152	Continued From page 1 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe living environment free of hazards for 28 of 28 memory care residents residing in the facility. The generator was positioned close to an open window with the exhaust venting toward the window, the building had an odor of natural gas, the main exit was partially blocked, and the air temperature was between 81.1 and 82.7 degrees Fahrenheit. This affected all 28 of 28 memory care residents residing in the facility. The findings include: On at 4:10 PM, the surveyors made a visit to the facility following Hurricane Sally to assess the building and resident safety. From the parking lot, the primary utility power was observed to be off and the surveyors observed a Briggs & Stratton 6250-Watt portable generator located approximately three from the building. Three extension . . . . were observed running from the generator through a cracked window and into the facility. The generator was observed to be running with the exhaust positioned parallel to the open window. On . . . . . a record review of the safety guidelines on the Briggs & Stratton website was	A 152		

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A 152	Continued From page 2 conducted. According to Briggs & Stratton's website located at: https://www.briggsandstratton.com/na/en_us/buyi _-guides/portable-generators/safety.html, and accessed on . . . . . , the portable generator should be placed at least 20 from occupied spaces to prevent emissions from drifting indoors. Further review revealed the engine exhaust should be pointed away from any home or occupied space since portable generators sit in one place and run for an extended time. The following observations were made upon entering the facility on at 4:12 PM: The surveyors rang the doorbell but received no response. The surveyors entered the facility through the main lobby. Immediately upon entering the building the surveyors observed the smell of natural gas. The lights were off, and no one was at the reception desk. The surveyors then opened an interior door off the lobby and walked into a hallway which was barricaded by a table and stacked chair and three extension . . . . dangling across the entryway into the foyer causing the main exit out of the building to be blocked. The electrical . . . . were wrapped around the chair _ stacked on the table and resting in a tangled pile on the floor as well as running along the floor and into the kitchen. The . . . . were not covered or secured to the wall or floor. Once on the other side of the barricade, the surveyors observed approximately 17 residents seated in the foyer, approximately four residents seated in the far end of the library near the A Hall, and approximately three residents between the library and . . . . . There was a Portacool Evaporative Cooler fan, floor drying fan and an approximately 18-inch shop fan circulating warm air. The only light sources observed were a	A 152		

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A 152	Continued From page 3 single bulb floor lamp connected to the generator and a few LED battery operated flashlights. The non-carpeted flooring was slick to walk on and three residents were observed wearing only socks on their . . . Four residents seated at a table in the library, which had no observed cooling method, told the surveyors that they were hot. All residents' skin was observed shimmering and hair was moist and matted. The surveyors used their Hygro-Thermometers to determine the . . . . air temperature approximately eight . . . in front of the Portacool Evaporative Cooler fan which was 82.2 degrees Fahrenheit. Temperatures were also obtained in the library (adjacent to the foyer) which was 81.1 degrees Fahrenheit, the hallway leading to resident . . was 82.7 degrees Fahrenheit, and the corner of the foyer opposite of the fan was 82.2 degrees Fahrenheit. According to Statute 58A-5.036 FAC (Florida Administrative Code), the . . . . air temperature must be maintained at or below 81 degrees Fahrenheit to ensure resident safety. Several residents voiced requests for water to the surveyors during the tour. Staff were unable to be located in the immediate vicinity of where the residents were located. The medication storage room door was observed ajar. The surveyor entered the medication storage room and identified an unlocked medication cart that contained medications. At approximately 4:30 PM, 18 minutes after entrance, three staff entered the building with a female resident and an interview was conducted. The surveyors asked the staff for their names as well as their titles. Staff D informed the surveyors that she was a Med Tech. Staff E informed the surveyors that she is a PC (Patient Care Tech). And Staff F reported that she is a PC also. The surveyors asked the staff who was in charge and	A 152		

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A 152	Continued From page 4	A 152		

PC F replied, "We all are." Additional questions were asked to determine which individual was appointed in charge and the staff stated Med Tech D. The surveyors asked the staff if they smelled an odor of natural gas and they shook their heads no. They expressed no concern regarding the surveyors' report of smelling natural gas and took no action once informed of the odor and potential risk. The surveyors asked the staff when the facility lost power and they reported that they were unsure as they weren't working when the power went out. The surveyors asked where the Administrator and Health Care Coordinator were, and the staff reported that they had not seen them since they arrived for their shifts at 3:00 PM but were told they'd left earlier to get more water. The surveyors asked what the current census was and received varying responses from the staff which ranged from 28-30. The surveyors informed the staff that residents reported being hot and requesting water. The surveyors asked the staff if residents were being given water. PC F replied that there was bottled water, but they don't have access to it because it was locked up. Staff also stated they were boiling water for consumption. The surveyors asked the staff where they were during the 15 minutes that the surveyors spent looking for them. They stated that they had been outside chasing after a resident who got out. The surveyors asked for clarification if the resident left the building and they replied, "Yes." The surveyors informed Med Tech D that the medication storage room was open, and that the medication cart was unlocked. Med Tech D explained that she had run out to assist with the resident who got out of the building. The surveyors asked if they had been monitoring air temperature or resident temperatures. The staff replied, "No." The

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A 152	Continued From page 5 surveyors asked the staff where the residents had been sleeping as no cots or beds were observed in the foyer where the fans were located. The staff reported that residents had been sleeping in their rooms and confirmed they had not been monitoring the room temperatures. Further review of the facility's Emergency Response Plan revealed a subsection titled Phase 3 Immediate Severe Weather revealed "If we stay at facility and lose power, then the generator will be started to keep the facility cool and provide power for necessary equipment for the resident's care. Beds mattresses will be place (sic) in the dining area to hunker down if storm causes power outage that lasts for more than . . . hour." On . . . . . at approximately 4:45 PM, the facility Owner and administrator arrived. The Owner and Administrator were informed of the odor of natural gas. They expressed no concern and initiated no action. The surveyors informed the Owner and Administrator of the unsafe temperatures and requested their log of . . . . air checks and resident temperature checks while on alternate power source. The Owner replied, "We're an ALF (Assisted Living Facility), we don't have to." The surveyors asked about the lack of water and the Owner unlocked the bottled water in the administrator's office and distributed it to residents. The surveyors asked if there was any air-conditioned space and the Owner replied that the only space was the foyer which contained the Portacool Evaporative Cooler fan, floor drying fan and an approximately 18-inch shop fan circulating warm air. The surveyors asked when the facility lost power and the Owner replied between 3:00 AM and 4:00 AM on . . . . . She added that the generator was running by 5:00 AM on	A 152		

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A 152	Continued From page 6 and that she didn't , the restoration of power until tomorrow. The surveyors also informed the Owner and administrator that residents were left unsupervised for at least 15 minutes as no staff could be located upon entrance. The surveyors asked the Owner what the census was, and she replied, "29." The surveyors asked the Administrator what the census was, and she replied, "28." The surveyors requested an accurate count and census. On a record review of the facility's Emergency Environmental Control Plan dated was conducted. Record review identified the alternate power source as a 6250-Watt Briggs & Stratton Storm Responder portable generator. The plan stated that the alternate power source is capable of powering air conditioning, lights, heating systems and refrigeration. Further review revealed the cooling methods used to cool the facility include air conditioner(s) and fans. The cooled areas to be maintained at or below 81 degrees Fahrenheit include common areas. The plan stated that there would be 1,000 square of cooled space and that beds would be available in that cool space. The plan stated that 33-40 people are intended to share the cool space. The plan revealed that the room temperature would be monitored and documented every 30-40 minutes by Maintenance and Manager in charge. The plan did not address how resident temperatures would be monitored. On at 5:23 PM, the surveyors contacted the Emergency Operations Center (EOC) to notify them of concerns identified and lack of facility action. The surveyors were informed that any necessary referrals would be	A 152		

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A 152	Continued From page 7 made to ensure resident safety. On .. .. at approximately 5:30 PM, an Emergency Medical Services ( ) team arrived. The . team leader stated that they could not enter without the facility's consent or until the building was deemed safe by the local fire department. On at approximately 5:45 PM, the local fire department arrived. An interview was conducted with the Engine 7 Lieutenant for the local fire department on .. .. at approximately 6:00 PM. The surveyors asked the Lieutenant if he had any concerns regarding .. monoxide or natural gas. The Lieutenant voiced concerns with the placement of the generator and had suspicions of natural gas but stated he required a hazmat team with more advanced equipment to confirm those suspicions. On at approximately 6:15 PM, the Owner approached the surveyors with a census containing resident temperatures that were just obtained and confirmed that there were 28 residents residing in the facility at the time. The Owner asked if it would be acceptable to document resident temperatures once per shift while on alternate power. The surveyors replied that the building is an unsafe temperature and that the residents should be assessed more frequently until power is restored. On at approximately 6:30 PM, the hazmat team arrived at the facility. On at 6:40 PM, the Lieutenant confirmed that the hazmat team identified the	A 152		

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A 152	Continued From page 8 presence of natural gas. He continued that the natural gas leak had been secured that the residents would need to be moved as the area required for the safety of the occupants. On at 6:50 PM, the Lieutenant asked the Owner to begin moving residents to A Hall. On at approximately 7:15 PM, the team began performing formal evaluations of residents to determine if anyone required a higher level of care. On at 7:37 PM, the Lieutenant informed the surveyors that the building was re-checked and was now clear of natural gas. He stated that the local energy company needed to further assess the building's safety and restore appliances. On at 7:45 PM, an interview was conducted with the Administrator/Health Care Coordinator. The Administrator confirmed that they haven't been taking resident or air temperatures. On at 7:47 PM, an interview was conducted with the Owner. The surveyors asked at what point the evacuation plan would have been initiated. She replied when she noted a change in her residents' condition. The surveyor asked how she or her staff would know when there's been a change in condition. The Owner replied, "When they tell me they don't feel well." The surveyors asked if she had any documentation that the residents had been assessed. She replied, "We don't document that we check on them. We don't chart." The surveyors asked if she ever contacted anyone for	A 152		

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A 152	Continued From page 9 help such as the Department of Health or the Emergency Operations Center. The Owner replied, "No." Class I	A 152		
A 200 SS=L	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	A 200		

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A 200	Continued From page 10	A 200		

than the entire assisted living facility if the assisted living facility's comprehensive 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.

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A 200	Continued From page 11 b. Assisted living facilities located on a single campus with other facilities under common 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	A 200		

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A 200	Continued From page 12 portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the 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 county 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	A 200		

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A 200	Continued From page 13 submit it to the county emergency management agency for review and approval. (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 county 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 county 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 . . . , . . . , have implemented the plan required under this rule. (b) The Agency shall allow an extension up to . . 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	A 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969020	A. BUILDING: _____ B. WING _____	09/19/2020

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A 200	Continued From page 14 approval processes. Assisted living facilities shall notify the Agency that they will utilize the 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.	A 200		

Agency for Health Care Administration

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A 200	Continued From page 15 (d) Each new assisted living facility shall implement the plan required under this rule prior 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	A 200		

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A 200	Continued From page 16 4. A provision for obtaining medical intervention from emergency services for residents whose life 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.	A 200		

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A 200	Continued From page 17 (8) NOTIFICATION. (a) Within five (5) business days, each assisted 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 county 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 observation, record review and interview, the facility failed to fully implement their Emergency Environmental Control plan after the facility lost utility power following Hurricane Sally. The facility failed to implement the following components of their plan: use of an ice . . . . to maintain temperatures of medications requiring refrigeration, use of Maintenance personnel to monitor and document room temperatures every 30-40 minutes, and use of effective cooling method to maintain room temperatures at or below 81 degrees Fahrenheit while on alternate power. They also had their alternate power source, a portable generator, positioned close to an open window with the exhaust venting toward	A 200		

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A 200	Continued From page 18 the window. This effected 28 of 28 memory care residents residing in the facility. The findings include: On at 4:10 PM, the surveyors made a visit to the facility following Hurricane Sally to assess the building and resident safety. From the parking lot, the primary utility power was observed to be off and the surveyors observed a Briggs & Stratton 6250-Watt portable generator located approximately three from the building. Three extension . . . . were observed running from the generator through a cracked window and into the facility. The generator was observed to be running with the exhaust positioned parallel to the open window. A record review of the safety guidelines on the Briggs & Stratton website was conducted. According to Briggs & Stratton's website located at: https://www.briggsandstratton.com/na/en_us/buyi ..-guides/portable-generators/safety.html, and accessed on . . . . . , the portable generator should be placed at least 20 from occupied spaces to prevent emissions from drifting indoors. Further review revealed the engine exhaust should be pointed away from any home or occupied space since portable generators sit in one place and run for an extended time. The following observations were made upon entering the facility on at 4:12 PM: There was no utility power at the facility. The surveyors rang the doorbell but received no response. The surveyors entered the facility through the main lobby. The lights were off, and no one was at the reception desk. The surveyors	A 200		

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A 200	Continued From page 19	A 200		

then opened an interior door off the lobby and walked into a hallway which was barricaded by a table and stacked chair and three extension dangling across the entryway into the foyer causing the main exit out of the building to be blocked. The electrical were wrapped around the chair stacked on the table and resting in a tangled pile on the floor as well as running along the floor and into the kitchen. The were not covered or secured to the wall or floor. Once on the other side of the barricade, the surveyors observed approximately 17 residents seated in the foyer, approximately four residents seated in the far end of the library near the A Hall, and approximately three residents between the library and . There was a Portacool Evaporative Cooler fan, floor drying fan and an approximately 18-inch shop fan circulating warm air. The only light sources observed were a single bulb floor lamp connected to the generator and a few LED battery operated flashlights. The non-carpeted flooring was slick to walk on and three residents were observed wearing only socks on their . Four residents seated at a table in the library, which had no observed cooling method, told the surveyors that they were hot. All residents' skin was observed shimmering and hair was moist and matted. The surveyors used their Hygro-Thermometers to determine the air temperature approximately eight in front of the Portacool Evaporative Cooler fan which was 82.2 degrees Fahrenheit. Temperatures were also obtained in the library (adjacent to the foyer) which was 81.1 degrees Fahrenheit, the hallway leading to resident was 82.7 degrees Fahrenheit, and the corner of the foyer opposite of the fan was 82.2 degrees Fahrenheit. According to Statute 58A-5.036 FAC (Florida Administrative Code), the air

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A 200	Continued From page 20	A 200		

temperature must be maintained at or below 81 degrees Fahrenheit to ensure resident safety. Several residents voiced requests for water to the surveyors during the tour. The surveyor entered the medication storage room and identified an unlocked medication cart that contained medications as well as a medication storage refrigerator that was visibly defrosted and covered with condensation. The refrigerator was observed with multiple boxes containing , , , that required refrigeration prior to use. The boxes were wet and degraded. The Temperature Log mounted on the refrigerator door was from and contained only four entries. The internal temperature was indiscernible from the refrigerator's thermometer, so the surveyor used her Hygro-Thermometer and obtained an internal temperature of 81.3 degrees Fahrenheit.

A record review of the facility's Emergency Response Plan was conducted. Record review revealed that the "Health Care Coordinator and Medication Supervisor(s) will maintain an ice to be kept in the storage room to put , , , , , , and other medications which require refrigeration." No ice was observed.

At approximately 4:30 PM, 18 minutes after entrance, three staff entered the building with a female resident and an interview was conducted. The surveyors asked the staff for their names as well as their titles. Staff D informed the surveyors that she was a Med Tech. Staff E informed the surveyors that she is a PC (Patient Care Tech). And Staff F reported that she is a PC also. The surveyors asked the staff who was in charge and PC F replied, "We all are." Additional questions were asked to determine which individual was appointed in charge and the staff stated Med Tech D. The surveyors asked the staff when the

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A 200	Continued From page 21 facility lost power and they reported that they were unsure as they weren't working when the power went out. The surveyors asked where the Administrator and Health Care Coordinator were, and the staff reported that they had not seen them since they arrived for their shifts at 3:00 PM but were told they'd left earlier to get more water. The surveyors asked what the current census was and received varying responses from the staff which ranged from 28-30. The surveyors informed the staff that residents reported being hot and requesting water. The surveyors asked the staff if residents were being given water. PC F replied that there was bottled water, but they don't have access to it because it was locked up. Staff also stated they were boiling water for consumption. The surveyors asked if they had been monitoring air temperature or resident temperatures. The staff replied, "No." The surveyors asked the staff where the residents had been sleeping as no cots or beds were observed in the foyer where the fans were located. The staff reported that residents had been sleeping in their rooms and confirmed they had not been monitoring the room temperatures. Further review of the facility's Emergency Response Plan revealed a subsection titled Phase 3 Immediate Severe Weather revealed "If we stay at facility and lose power, then the generator will be started to keep the facility cool and provide power for necessary equipment for the resident's care. Beds mattresses will be place (sic) in the dining area to hunker down if storm causes power outage that lasts for more than hour." On at approximately 4:45 PM, the facility Owner and Administrator arrived. The surveyors informed the Owner and Administrator	A 200		

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A 200	Continued From page 22 of the unsafe temperatures and requested their log of air checks and resident temperature checks while on alternate power source. The Owner replied, "We're an ALF (Assisted Living Facility), we don't have to." The surveyors asked about the lack of water and the Owner unlocked the bottled water in the administrator's office and distributed it to residents. The surveyors inquired about the improperly stored refrigerated medications. The Owner and Administrator stated that the refrigerator should have been maintained on generator power and confirmed that the medications were not properly stored and should not be used. The surveyors asked if there was any air-conditioned space and the Owner replied that the only space was the foyer which contained the Portacool Evaporative Cooler fan, floor drying fan and an approximately 18-inch shop fan circulating warm air. The surveyors asked when the facility lost power and the Owner replied between 3:00 AM and 4:00 AM on . She added that the generator was running by 5:00 AM on and that she didn't . . . . . the restoration of power until tomorrow. On . . . . . a record review of the facility's Emergency Environmental Control Plan dated . . . . . was conducted. Record review identified the alternate power source as a 6250-Watt Briggs & Stratton Storm Responder portable generator. The plan stated that the alternate power source is capable of powering air conditioning, lights, heating systems and refrigeration. Further review revealed the cooling methods used to cool the facility include air conditioner(s) and fans. The cooled areas to be maintained at or below 81 degrees Fahrenheit included the common areas. The plan stated that there would be 1,000 square of cooled space	A 200		

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A 200	Continued From page 23 and that beds would be available in that cool space. The plan stated that 33-40 people are intended to share the cool space. The plan revealed that the room temperature would be monitored and documented every 30-40 minutes by Maintenance and Manager in charge. The plan did not address how resident temperatures would be monitored. On at 5:23 PM, the surveyors contacted the Emergency Operations Center (EOC) to notify them of concerns identified and lack of facility action. The surveyors were informed that any necessary referrals would be made to ensure resident safety. On at approximately 6:15 PM, the Owner approached the surveyors with a census containing resident temperatures that were just obtained and confirmed that there were 28 residents residing in the facility at the time. On at 7:45 PM, an interview was conducted with the Administrator/Health Care Coordinator. The Administrator confirmed that they haven't been taking room or resident temperatures. On at 7:47 PM, an interview was conducted with the Owner. The surveyors asked at what point the evacuation plan would have been initiated. She replied when she noted a change in her residents' condition. The surveyor asked how she or her staff would know when there's been a change in condition. The Owner replied, "When they tell me they don't feel well." The surveyors asked if she had any documentation that the residents had been assessed. She replied, "We don't document that we check on them. We don't chart." The	A 200		

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A 200	Continued From page 24 surveyors asked if she ever contacted anyone for help such as the Department of Health or the Emergency Operations Center. The Owner replied, "No." Class I	A 200		