

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALLEGRO

**11450 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33437**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Change of Ownership, Focused Control and Generator Assessment survey was conducted on and at Allegro. The facility had a deficiency identified at the time of the survey.	A 000		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the county emergency management agency. (a) If the county emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the county office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The county emergency management agency is the final administrative authority for emergency management plans prepared by assisted living	A 181		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 181	Continued From page 1 facilities. (e) Any plan approved by the county emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and/or approved by the Local County Emergency Management Division. The Findings Include: During review of facility files on this Surveyor observed a Comprehensive Emergency Management Plan (CEMP) letter dated with an approval through Review of the letter revealed that the approval had expired and was issued to the previous owners of the facility. The sale of the facility took place on As there was a substantial change, a new approval of the Plan was needed. During the Change of Ownership Survey on this Surveyor interviewed the Executive Director (ED) regarding the status of the facility's CEMP. He stated they submitted the request for renewal of the CEMP but not sure if they have it and left the room to go get it. On at 2:16 PM, the ED came into the room where the Surveyors were working to discuss the Survey. This Surveyor reminded him that the CEMP was still needed for review. He said he was going to get it. On at 2:44 PM: The Resident Services Director came into the room where the	A 181			

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A 181	Continued From page 2 Surveyors were working to bring information on a resident. This Surveyor reminded her the ED was going to bring up the CEMP binder but hasn't. She stated she would go remind him. On _____ at 2:51 PM: During interview with ED, he stated that the Local Emergency Management Division advised them that they were not going to accept any more request at this time. The ED had the plan in his _____ and showed to this Surveyor but stated it has not been submitted because of that. ED looked through the binder containing their plan for information related to the notice and produced it. Specifically, the ED provided a letter from the local Emergency Management Division informing Administrators that they would not be accepting disaster plans for review effective _____ until _____. This Surveyor reminded him that _____ had passed and if the request had been submitted. He stated it had not. The ED further stated that he attempted to submit but was advised by them (Emergency Management Division) that they were not accepting any new submissions until _____ and provided a "Dear facility Administrator letter informing of such that was sent out to facilities. (See attached letter). "Then COVID-19 really hit, and I forgot, and it sat. So, I have to submit it." On _____ the Survey team met with the Executive Director to conduct the Exit Interview. He was provided the results of the Survey (CEMP not approved). He was also advised that Surveys undergo Supervisory review and are subject to change, and that they will receive a report from our office within ten (10) days. He stated he	A 181	

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