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
	AL11966071	A. BUILDING: _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT ASTON GARDENS (THE)	9423 ASTON GARDENS COURT PARKLAND, FL 33076

(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 (CHOW), Focused . . . . Control and Generator Assessment survey was conducted on . . . . . and . . . . . at Inn at Aston Gardens(The). 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 local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 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 local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living	A 181		

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A 181	Continued From page 1 facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to timely submit a request for renewal/approval after undergoing a Change of Ownership (CHOW). The Facts Include: During onsite Change of Ownership (CHOW) Survey conducted on [redacted] and [redacted], this Surveyor reviewed the facility Emergency Management binder to review their Comprehensive Emergency Management Plan (CEMP) letter. A review of the binder revealed that the facility's CEMP approval had expired on [redacted]. In addition, the facility recently underwent a Change of Ownership which necessitated their CEMP be resubmitted for review by the Local Emergency Management Division. A new facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. During interview with the Director of Wellness and Resident Services Director it was revealed that the Change of Ownership (CHOW) was final on [redacted]. The request was not submitted until [redacted]. During interview with the Administrator and Director of Resident Services this Surveyor requested the facility's CEMP approval letter from	A 181		

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A 181	Continued From page 2 the Local Emergency Management Division. The Resident Services Director provided this Surveyor a manila folder with "2020 CEMP Copy" on it. A review of the contents revealed that it had the information pertaining to the CEMP (i.e. Checklist, Emergency procedures, call-down list, Mutual aid agreements, etc.). However, it did not contain the CEMP or EECP letter Further review of the folder contained a letter dated . . ¸ ¸ . . . . . to the Local County Emergency Management Division, along with the Comprehensive Emergency Management Plan for review/consideration. Additionally, observation of the Local Emergency Management Division' database by this Surveyor on revealed that the facility's CEMP is currently under review. The Maintenance Director and Director of Nursing for Independent Living who was assisting, stated that the renewal was submitted but nothing has been received yet. This Surveyor requested the submittal packet. On . . . . . the Director of Nursing and Business Manager came into the room where the surveyors were working. The DON stated that the CEMP request was submitted in ¸ (2020) but nothing has been received at this point. This Surveyor asked when the Change of Ownership took place. She stated that she thinks the ownership change was consummated in ¸ of this year. This Surveyor requested the submittal packet which was provided. It revealed that the request was submitted on . . ¸ ¸ . . . . . No further information was provided. On the Survey Team met with The Director of Wellness, Director of Resident Services and the Executive Director to conduct	A 181		

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A 181	Continued From page 3 the Exit Interview. They were advised of the findings of the Survey, specifically the CEMP not being secured. They were also advised that Surveys undergo Supervisory review and are subject to change, and they would receive a report from our office within ten (10) days. They stated they understood. Class III	A 181		