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
	AL11967855	A. BUILDING: _____ B. WING _____	10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A TOUCH OF CLASS ADULT CARE	537 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34984

(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 Relicensure, Focused Control, and Generator Assessment Monitoring survey was conducted on at A Touch of Class Adult Care. The facility had deficiencies at the time of the survey.	A 000		
A 180 SS=D	59A-36.019(1) FAC Emergency Management (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated , which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-04010. This document is available from the local emergency management agency. The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with 's	A 180		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 180	Continued From page 1 . . . . . or related . . . . . , and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the local emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and, (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to submit required significant revisions to their comprehensive emergency management plan (CEMP) for approval to the local county emergency management department in a timely manner. The findings included: Review of the facility's written CEMP approval status was conducted on . . . . . at 11:55 AM with the facility's Administrator present (photographic evidence obtained). Upon request of the most recent county CEMP approval letter, the the Administrator presented a letter dated (more than 14 months prior to the survey) from the St. Lucie County CEMP Reviewer, ,, Division (County) documenting the facility's CEMP was reviewed and met the Emergency Management Planning Criteria. The letter mandated the following. The CEMP shall be submitted to the County annually,	A 180		

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A 180	Continued From page 2 and the County has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions required by the County must be made and submitted within 30 days of notification by the County. In an interview conducted at that time, the Administrator explained she was delayed in submitting obtaining a fire plan approval because of the COVID pandemic. She was not able to obtain an inspection until . She confirmed the fire plan was approved by the Fire Marshall on . She emailed the CEMP to the County for review on and received confirmation it was received on . In a telephone interview conducted at 7:43 AM, a representative from the County confirmed they were pending revisions from the facility that were requested . She provided a copy of the County's letter to the facility detailing significant revisions were required to the facility's CEMP including: 1. Average number of clients was missing. 2. Plan stated "there is no generator", attachments say otherwise (see "Annexes" section). 3. Emergency Power Plan (EPP) was missing. 4. The 2018 Consumer-Friendly Summary of the EPP was inadequate and outdated. 5. The COVID Addendum stated a generator is present, and there is also a generator and gas information and maintenance document which contradicts the information stated in the CEMP. 6. The attached Fire Safety Plan was dated	A 180		

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A 180	Continued From page 3 2019. An updated Fire Safety Plan for the 2020 year is needed. 7. The plan should not reference a "Special Needs Shelter". The old special needs application in the plan needs to be removed. The above concerns identified represent signficant changes, therefore, warranting a new submission of the CEMP for approval. In a telephone interview conducted at 9:28 AM, a representative from the District Fire Marshall's office stated the Fire Department discontinued routine fire inspections in and resumed in . Related to review and approval of written facility fire plans, they request the facilities to bring in their written plan, and they can usually review them within one to two days if requested. These findings were also discussed with the Administrator on at 9:49 AM. She acknowledged the CEMP should have been submitted to the County in a more timely manner. Class III	A 180		