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
	AL11969476	A. BUILDING: _____ B. WING _____	R 01/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDITERRANEAN ASSISTED LIVING FACILITY CORP	4427 MEDITERRANEAN RD LAKE WORTH, FL 33461

(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 revisit to the Change of Ownership (CHOW), [redacted] Control and Generator Assessment survey was conducted at Mediterranean Assisted Living Facility Corp on [redacted]. There was an uncorrected deficiency during the time of the survey.	{A 000}		
{A 181}	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	{A 181}		

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{A 181}	Continued From page 1 management plans prepared by assisted living 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 observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency. The findings included: a) During an interview with the Administrator at 11:16 AM on , he stated that the last emergency plan was submitted under the previous Administrator. The Administrator provided this surveyor with a CEMP approval letter dated approved until . The approval letter was addressed to the previous Administrator. The Administrator informed this surveyor that he did not submit a new CEMP. He stated that he was . He thought the CEMP was acceptable until it expired. The Administrator made a call to a representative at the Division of Emergency Management. The representative informed the Administrator that due to the Change of Ownership (CHOW) he needed to submit a new CEMP under his administration. During an interview with the Administrator at 2:03 PM on , he acknowledged the findings and no additional information was provided. b) During an interview with the Administrator on	{A 181}		

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{A 181}	Continued From page 2 . . . . . at 1:30 PM, the facility CEMP was requested. According to the Administrator, the facility does not have an approved CEMP. The Division of Emergency Management still has the plan under review. Class Uncorrected	{A 181}		