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
	AL11967962	A. BUILDING: _____ B. WING _____	02/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITION CARE ASSISTED LIVING FACILITY	1613 SW MERIDIAN AVE PORT SAINT LUCIE, FL 34953

(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 licensure Focused Control survey was conducted on [redacted] at Transition Care Assisted Living Facility. The facility had deficiencies at the time of the survey.	A 000		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In	CZ830		

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CZ830	Continued From page 1	CZ830		

addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a

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CZ830	Continued From page 2	CZ830		

renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.
(4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.

This Statute or Rule is not met as evidenced by:
Based on interviews and record review, the facility failed to provide required emergency management planning, communications, and operations by entering incorrect emergency contact information in the Emergency Status System (ESS), and not entering daily required ESS data via the Agency-approved online database. This had the potential to affect all four of the facility's current residents.

The findings included:

A focused control survey was conducted on beginning at 9:07 AM. The following concerns were identified:

1. The facility's Administrator arrived at the facility on at 10:34 AM. At 10:38 AM, the Administrator was asked to review the ESS Facility Contacts page for accuracy (photographic evidence obtained). She reviewed the information and stated the Primary Phone number listed in the record was incorrect; it was off by one . She acknowledged the contact telephone number had been entered in the facility's record incorrectly which delayed third-party COVID-19

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CZ830	Continued From page 3 . . . . . coordinators to contact the facility; she stated she would correct it right away. On . . . . . at 5:08 PM, the Administrator left a voice message for this writer stating the ESS program would not let her revise the number, so she added another number with the correct information. 2. On . . . . . at 10:40 AM, the Administrator was asked who was responsible for the daily entry of the facility's ESS data. She stated she had someone who does that for her. At that time, it was brought to the Administrator's attention that the ESS data had not been entered into the ESS database since . . . . . , 12 days prior to the survey. The Administrator stated she would look in to it. On . . . . . at 10:47 AM, the Administrator stated the person who enters the data said she did not know what happened. The Administrator acknowledged the required daily entries had not been made since . . . . . . She stated she would make sure it was taken care of, and the ESS entries would be made as required. She further stated she would change the person responsible for entering the daily data to one of her staff members that work in the facility, and she will email that person with the ESS data daily. Unclassified	CZ830		