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
	AL11942749	A. BUILDING: ______ B. WING ______	R 02/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PICKET FENCE MANOR	**1662 9TH STREET SOUTH SAINT PETERSBURG, FL 33701**

(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 complaint investigation (complaint number: 20201001188), a COVID-19 focused control visit, and a generator monitoring were conducted at Pickett Fence Manor on . Deficiencies were identified at the time of survey.	{A 000}		
{A 082} SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that newly hired employees had the required one-time education course on / (/) Training for one employee (Staff C) of two sampled employees within thirty-days of employment. Findings Included: An employee record review conducted for Staff C on , revealed that there was no evidence of the one-time training in / within thirty days of employment. Staff C was	{A 082}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{A 082}	Continued From page 1 hired on . . . . . . During an interview with the Administrator, conducted on at 12:01pm, the Administrator agreed that the employee record was missing / training. He was unable to provide evidence of training in / . . for Staff C. Class III	{A 082}		
{A 092} SS=D	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his	{A 092}		

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{A 092}	Continued From page 2 or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to comply with the food service continuing education requirements. Findings Included: A review of the Administrator's employee record, conducted on . . . . . , revealed that the Administrator did not have food service training in his employee record. A review of the county health departments inspection report dated , conducted on . . . . . , revealed that the county health department inspectors re-cited the Facility for Violation #2, which stated that "At time of inspection person in charge does not have current certification. Person in charge is present but has expired certification." During an interview with the Administrator, conducted on . . . . . at 1:35pm the Administrator agreed that he did not have current training as the food service designee. Class III	{A 092}		

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{A 094}	Continued From page 3	{A 094}		
{A 094} SS=D	59A-36.012(3) FAC Food Service - Food Hygiene (3) FOOD HYGIENE. Copies of inspection reports issued by the county health department for the last 2 years pursuant to rule 64E-12.004, or chapter 64E-11, F.A.C., as applicable, depending on the licensed capacity of the assisted living facility, must be on file in the facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to obtain a satisfactory food inspection report from the county health department pursuant to rule 64E-12.004, or chapter 64E-11, Florida Administrative Code. (photographic evidence obtained) Findings Included: During a review of the county health department food inspection report, conducted on , revealed that the Facility continued with an unsatisfactory food inspection report. During an interview with the Administrator, conducted on at 01:30pm, the Administrator agreed that the food inspection report issued by the county health department continued to be unsatisfactory. Class III	{A 094}		
{A 200} SS=G	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL	{A 200}		

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{A 200}	Continued From page 4 CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall	{A 200}		

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{A 200}	Continued From page 5 include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve . . . . temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move	{A 200}		

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{A 200}	Continued From page 6 residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to	{A 200}		

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{A 200}	Continued From page 7	{A 200}		

obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan.
(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.
(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.
(3) APPROVED PLANS.
(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately

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{A 200}	Continued From page 8 produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than [illegible], have implemented the plan required under this rule. (b) The Agency shall allow an extension up to [illegible] to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S.	{A 200}		

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{A 200}	Continued From page 9 (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.	{A 200}		

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{A 200}	Continued From page 10 (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this	{A 200}		

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{A 200}	Continued From page 11	{A 200}		

section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.
(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.
(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.
(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.
(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.
(8) NOTIFICATION.
(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:
1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;
2. Upon final implementation of the plan by the assisted living facility.
(b) Each assisted living facility must maintain a

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{A 200}	Continued From page 12	{A 200}		

copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.

This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof that their emergency environmental control plan was implemented. Additionally, the Facility failed to obtain services to test and maintain their alternate power source equipment. Furthermore, the Facility failed to notify each resident and/or resident representatives in writing of the implementation of their environmental control plan.

Findings Included:

During an attempt to review the Facility's emergency environmental control plan, conducted on , the emergency environmental control plan was not provided.

During an attempt to review services acquired to test and maintain the alternate power source and fuel equipment, conducted on , there was no evidence that the Facility obtained services to test and maintain the alternate power source and fuel equipment.

During an attempt to review notifications to residents and/or their representatives that the Facility implemented their emergency

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{A 200}	Continued From page 13 environmental control plan, conducted on , there was no evidence provided that the Facility notified residents and/or their representatives that the Facility had implemented their emergency environmental control plan. During an interview with the Administrator, conducted on at 12:0pm, the Administrator was unable to provide proof that the Facility implemented its emergency environmental control plan. The Administrator agreed that the Facility had not obtained services to test and maintain their alternate power source equipment and stated that this was a work in progress and was unable to provide the testing and maintenance logs. The Administrator was unable to provide evidence that each resident and/or their representatives were notified that the Facility had implemented their emergency environmental control plan. Class III	{A 200}		
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment	{CZ814}		

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{CZ814}	Continued From page 14 status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview, the Facility failed to maintain the employment status of staff members within the Facility's background screening employee roster in the Agency for Health Care Administration's (AHCA) background screening clearinghouse, within ten-business days of termination of employment for two (Staff D and Staff E) of four sampled employees; and failed to register and maintain employment status within the Background Screening Clearinghouse for one (Staff B) of three sampled active employees. Findings Included: A review of the Facility's background screening employee roster, conducted on , revealed that Staff D and Staff E continued on the Facility's background screening roster as current employees and Staff B was not listed. A review of the employee record for Staff B conducted on revealed a date of hire of	{CZ814}		

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{CZ814}	Continued From page 15 . . . . . . A review of the Facility's employee schedule on revealed Staff B was a current employee scheduled for 5 shifts between and . Observations on between 10:15am and 1:50pm revealed Staff B was actively working within the facility. An interview on at 11:20am with Staff B revealed she is an employee of the facility. A review of the current Facility employees, conducted on , revealed that Staff D was not listed as a current employee of the Facility and there was no termination date. An interview on at 10:50am with Staff C and Staff F revealed that Staff E was no longer employed and was in of 2020. An interview with the Administrator, conducted on . . . . . at 11:00am, revealed that Staff E and Staff F were no longer employed by the Facility and that Staff B was newly hired in , . The Administrator said he was unable to log into the AHCA background screening clearinghouse system to make the updates to the facility's roster for Staff E, Staff E and Staff B. Unclassified	{CZ814}		
CZ827	408.812 FS Unlicensed Activity 408.812 Unlicensed activity.- (1) A person or entity may not offer or advertise services that require licensure as defined by this	CZ827		

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CZ827	Continued From page 16	CZ827		

part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.
(2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients, and constitutes . . . . . and neglect, as defined in s. 415.102. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.
(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation, the person or entity is subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of operation is a separate offense.
(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.
(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses, impose actions under s. 408.814, and regardless

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CZ827	Continued From page 17 of correction, impose a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained or the unlicensed activity ceases. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the Facility failed to appropriately discharge eight Residents (#15, #16, #17, #18, #19, #20, 21, and #22) to a licensed location. Additionally, the Facility's Owner/Administrator failed to obtain a license from the Agency prior to providing care and services that required an assisted living facility license for eight Residents (#15, #16, #17, #18, #19, #20, 21, and #22). Furthermore, the licensed Facility moved residents into an unlicensed location that was maintained and operated by the licensed Facility and failure to maintain residents in a licensed location could place the residents at risk of harm, including . . . . . and neglect. Findings Included: During an unlicensed activity complaint investigation conducted on , seven	CZ827		

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CZ827	Continued From page 18 Residents (#11, #16, #17, #18, #19, #21, and #22) were observed in their rooms and common areas of the unlicensed location and the patio area of the licensed Facility located on the neighboring property next door. During a tour of the unlicensed location conducted on at 10:36am, a locked medication cart was observed in the living room area. Staff A was asked to unlock the medication cart. Staff A went next door to the licensed facility and returned at 11:06am with Staff B. Staff B unlocked the medication cart located inside the unlicensed location. (photographic evidence obtained) An observation of the unlocked medication cart conducted on , there were medications for Residents #15, #16, #17, #18, #19, #20, #21, and #22 stored in the medication cart at the unlicensed location. (photographic evidence obtained) During an interview conducted on at 10:22am, Resident #11 stated the licensed facility brought meals over to the unlicensed facility. During an interview conducted on at 10:35am, Resident #17 confirmed that the licensed facility brought meals over to the unlicensed facility. During an interview conducted on at 10:38am, Resident #21 confirmed that the licensed facility assisted him with self-administration of medications at the unlicensed location. Resident #21 stated, "they help me with my meds, [the licensed facility]." Resident #21 also confirmed that the licensed facility provided meals three times a day to the	CZ827		

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CZ827	Continued From page 19 unlicensed location. During an interview conducted on [redacted] at 10:45am, Resident #18 stated "yes, I go across the lawn and get my meds there [at the licensed facility]" and "they are in a med cart over there." During an interview conducted on [redacted] at 10:53am, Resident #16 confirmed that the licensed facility assisted her with self-administration of medications at the unlicensed location. Resident #16 confirmed that the licensed facility brought meals over to the unlicensed facility. During an interview conducted on [redacted] at 11:09am, Staff B confirmed that she was an employee of the licensed Facility. Staff B stated, "since [redacted], I work at [licensed facility]." Staff B also confirmed that she had keys to the medication cart located at the unlicensed location. Staff B stated, "they (referring to the management staff at the licensed Facility) asked me to come over and unlock the med cart." A record review of the website Florida Health Finders conducted on [redacted] of a complaint investigation survey conducted at the licensed Facility on [redacted], revealed that the licensed Facility had a licensed capacity for fourteen residents and was over capacity by four residents. During that survey, Residents #15, #16, #17, #18, #20, #21, and #22, were identified as current or former residents of the licensed Facility. Unclassified	CZ827		

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{CZ830}	Continued From page 20	{CZ830}		
{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 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.	{CZ830}		

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{CZ830}	Continued From page 21 (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 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	{CZ830}		

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{CZ830}	Continued From page 22 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 record review and interview, the Facility failed to submit a comprehensive emergency management plan (CEMP) for approval and failed to update the Emergency Status System (ESS) daily by 10:00am daily as required. Findings Included: A review of the ESS daily report, conducted on . . . . . , revealed that the Facility had not updated resident and staff statuses since . . . . . . A review of the Emergency Order dated , conducted on , revealed that the Facility was to "maintain up to date and accurate information" daily by 10:00am. A review of the most recent CEMP approval document, conducted on . . . . . , revealed that the approved CEMP document provided was dated . . . . . . During an interview with the Administrator, conducted on at 11:58am, the Administrator agreed that the Facility was not submitting resident and staff statuses in the ESS daily by 10:00am. The Administrator agreed that the Facility had not submitted their CEMP to the local emergency management office for approval.	{CZ830}		

Agency for Health Care Administration

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{CZ830}	Continued From page 23 Unclassified	{CZ830}		