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
	AL11968029	A. BUILDING: _____ B. WING _____	02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF NICEVILLE	4268 IDA COON CT NICEVILLE, FL 32578

(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 biennial relicensure survey with Comprehensive Emergency Management Plan, Generator Assessment and Focused Control was conducted at Bee Hive Homes of Niceville on . . Deficient practice was found at the time of the survey.	A 000		
A 181 SS=F	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 record review and staff interview, the facility failed to ensure emergency plan approval was obtained on an annual basis or when change of ownership occurs, and submitted to the local emergency management authorities for approval. The findings include: Review of the facility's comprehensive emergency management plan revealed a letter dated , , from Okaloosa Department of Public Safety Emergency Management indicating the facility's Comprehensive Emergency Management Plan (CEMP) was approved. Interview with the Executive Director on , at 4:00pm, revealed there has been no updated approval of the plan from County Emergency Management authorities since . She stated she is currently working on updating the CEMP to submit to the County for updated approval. She confirmed it has been just over two years since she submitted and received approval of the facility plan. Review of the facility information in FloridaHealthFinder.gov revealed the facility experienced a Change in Ownership on . Class III	A 181		