

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967356	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EMMANUEL CARE ASSISTED LIVING FACILITY

3628 DAISY AVE

PALM BEACH GARDENS, FL 33410

(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, Generator Assessment and Focused Control survey was conducted at Emmanuel Care Assisted Living Facility on 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	CZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CZ830	Continued From page 1 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. (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	CZ830		

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PALM BEACH GARDENS, FL 33410**

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CZ830	Continued From page 2 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 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 ensure that its Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the local emergency management agency and the facility failed to report its daily emergency status, planning or operations information through the Agency's Emergency Status System (ESS). The findings included: Review of the Agency reporting update dated states pursuant to the State of Florida Governor's Executive Order 20-51 and at the direction of State Surgeon General regarding the Coronavirus (COVID-19), the Agency established the event "COVID-19 Monitoring" in the ESS to monitor health care facility census, inventory, needs, and other related facility information. Further review of this update stated each assisted living facility must report its current bed census, available beds and additional COVID-19 status daily by 10:00 AM. Review of the Agency reporting update dated on	CZ830		

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NAME OF PROVIDER OR SUPPLIER EMMANUEL CARE ASSISTED LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3628 DAISY AVE PALM BEACH GARDENS, FL 33410		
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CZ830	Continued From page 3 ... indicated that each facility must meet ESS reporting requirements and it was imperative that facilities continue to report daily in the ESS to maintain up to date and accurate information. Review of this update indicated that the Agency was going to cite facilities for deficiencies relating to this daily 10:00 AM reporting deadline. Review of the facility's ESS data entries it indicated the facility did not enter and update its daily ESS information from ... to ... and from ... to ... In an interview conducted with the Administrator on ... at 11:00 AM, she stated she was aware the facility was required to report its public health planning and operations data into the Agency's ESS and she recently had difficulties logging into the ESS. She stated she was the person responsible to enter this data and she didn't remember when was the last time she entered this data into the ESS. She stated at 11:10 AM it was likely several months since she had been in the ESS to enter this data. She stated at 11:40 AM she was able to log into the ESS and she had the capability to enter the facility's data into the system. In an interview with the administrator on ... at 1:05 PM, she stated the facility had not yet received its up-to-date CEMP approval from the local emergency management agency. Review of the facilities latest CEMP approval was dated ... She stated the facility received notification from the local emergency management agency on ... the CEMP was rejected because it did not meet some criteria, including not having an approved fire safety plan. She stated the facility did not presently have an approved fire safety plan and have not	CZ830			

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CZ830	Continued From page 4 resubmitted an updated CEMP with revisions to the local emergency management agency thereby failing to comply with the requirement to resubmit the plan within 30 days after notification that plan revisions were required. Review of the letter from the local emergency management agency dated on _____ indicated that the facility's CEMP was not approved because it did not meet criteria which included the facility not having a current fire safety plan. Photographic evidence obtained. Unclassified	CZ830		