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 05/04/2021

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: 2021001188), a COVID-19 focused control visit, and a generator monitoring were conducted at Picket Fence Manor on . . . . Deficiencies were identified at the time of survey.	{A 000}		
{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 handle food in a safe and sanitary manner and failed to obtain a satisfactory group care inspection report from the county health department pursuant to rule 64E-12.004, or chapter 64E-11, Florida Administrative Code. Findings Included: During an observation, conducted on . . . between 11:45am and 12:13pm, there were two cooking pots were found with boiling water and food on the kitchen stove that was unattended. The limited mental health residents had unrestricted access through the kitchen to the . . . door. At 08:02pm, there were three packages of chicken thawing in the kitchen sink with six large and two small roaches crawling on the chicken, counter, and backsplash behind the sink's faucet.	{A 094}		

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{A 094}	Continued From page 1 During a review of the local county health department inspection reports, conducted on . . . . . , revealed that the Facility continued with unsatisfactory inspection from the local county health department for their group care inspection dated . There were no other reports to review. During an interview with the Administrator, conducted on at 11:58am, the Administrator agreed that the Facility had not obtained a satisfactory group care inspection report from the local county health department. At 08:02pm, the Administrator that he placed the chicken in the sink to thaw and became distracted and went outside. The Administrator agreed that this was not a safe and sanitary way to thaw chicken. The Administrator agreed that the temperature on the first floor was 85 degrees Fahrenheit. Class III	{A 094}		
A 152 SS=J	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom	A 152		

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A 152	Continued From page 2 or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a safe and decent living environment and to ensure that all existing electrical systems for cooling were in functional order to maintain the facility at a safe temperature at or below 81 degrees Fahrenheit. This placed residents with preexisting conditions, including , , , and , health and well-being at risk for harm and/or injury including heat exhaustion, heat cramps, heat , and for all residents that resided in the facility. Additionally, the facility failed to have sufficient and functioning bathing and toileting facilities for	A 152		

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A 152	Continued From page 3 residents to use for 15 (Residents #1-#15) of 15 that resided at the facility. Findings Included: 1. During a tour of the first floor of the facility conducted at 11:45 am on . . . . . there was no air flow coming from the broken and rusted floor air vents in the living room, dining room, bedrooms 1, 2, or 3, and bathroom 1 or 2. The thermostat was set on 74 degrees Fahrenheit, but the air temperature was 80 degrees Fahrenheit. There were no portable fans or chillers brought to the first floor and not all of the first-floor windows could open. There was a window air conditioning unit that appeared non-functional and was not running in the living room. During a tour of the second floor of the facility at 11:50am on there was no air flow coming from the broken and rusted floor air vents in bedrooms 5, 6, 7, or 8. The thermostat was set on 74 degrees Fahrenheit, but the air temperature was 85 degrees Fahrenheit. Bedroom 8 had a ceiling fan but was not operational. There were no portable fans or chillers brought to the second floor and not all of the second-floor windows could open. During an observation of the breaker box conducted with the Administrator on . . . . . at 12:50pm, breaker number 21 had tripped and was flipped off. When the Administrator flipped it on, a pop was heard, and a large spark was observed. A review of the accuweather.com temperature for the facility's location, conducted on at 12:57pm, revealed that the temperature was 87 degrees Fahrenheit with the high expected to	A 152		

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A 152	Continued From page 4 reach 88 degrees Fahrenheit. The heat index was 96 degrees Fahrenheit. During observations of the temperatures inside the facility on . . . . . revealed the following: 1st Floor: " 12:40pm: 80 degrees Fahrenheit " 1:20pm: 80 degrees Fahrenheit " 2:30pm: 83 degrees Fahrenheit " 3:15pm: 84 degrees Fahrenheit " 5:30pm: 85 degrees Fahrenheit " 7:51pm: 85 degrees Fahrenheit 2nd Floor: " 12:40pm: 85 degrees Fahrenheit " 1:20pm: 86 degrees Fahrenheit " 2:30pm: 86 degrees Fahrenheit " 3:15pm: 87 degrees Fahrenheit " 5:30pm: 88 degrees Fahrenheit " 7:51pm: 87 degrees Fahrenheit During record reviews of residents' Agency for Health Care Administration Form 1823 (1823) assessments conducted on revealed the following: " Resident #1 was diagnosed with . . , ( ) and . . . . . as documented on his 1823 dated . " Resident #6 was diagnosed with , weak ambulation, and . . . . , ... , delayed. He required assistance with all activities of daily living (ADLs), posed a danger to self and/or others, and required medication administration documented according to his 1823 dated .	A 152		

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A 152	Continued From page 5 " Resident #8 had a diagnosis of and and required assistance with self-administration of medications as documented on his 1823 dated . " Resident #9 had a diagnosis of Rhabdomyolysis, , Insufficiency, and documented on his 1823 dated . Resident #9 required supervision and assistance with ADLs, required 24-hour nursing or care and required medication administration. " Resident #10 had a diagnosis of , and documented on his 1823 dated . He has poor insight and short-term memory. Resident #10 had three days a week. " Resident #13 had a diagnosis of and on his 1823 dated . " Resident #14 had a diagnosis of 's , and a history of documented on his 1823 dated . " Resident #15 was diagnosed with infraction, , and required assistance with ADLs for safety documented on his 1823, dated . During an observation from 11:30am until 2:26pm, none of the residents with varying health diagnoses that made them more susceptible to the effects of prolonged heat exposure, had been	A 152		

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A 152	Continued From page 6 offered any fluids. Agency representatives requested to the Administrator that staff give fluids to every resident every two hours until the temperature in the facility was below 81 degrees Fahrenheit. The Administrator agreed. There were no licensed nurses observed working at the facility. During an interview with the electrical contractor, conducted on at 2:47pm, the electrical contractor stated that there were wires that were crossed and/or melted which caused a short in the wires; and, that there were receptacles that were non-functional that the refrigerator and freezer were plugged into. The contractor stated that "you have a lot going on" and that two breakers were hot. During a review of the electrical work invoice, conducted on , the invoice stated that the work that was done was to diagnose and to report quote options to the facility. There was no evidence that the electrical contractor performed any work or that that facility was free from any type of fire hazard. During an interview with Resident #13, conducted on at 5:25pm, Resident #13 stated that "it is so hot that we have to sleep naked on top of the sheets". During an interview with Resident #16, conducted on at 5:32pm, Resident #16 stated the air conditioning had been out for a "week or so." During an interview with Resident #3, conducted on at 5:34pm, he said that the air conditioner was out, and it had been hot inside the facility.	A 152		

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A 152	Continued From page 7 During an observation conducted on at 5:38pm, Resident #9 was observed sitting outside at the patio table rocking and forth in his seat. He was speaking incoherently and was unable to answer any questions. This was different behavior from previous surveys. During a review of the National Institute of Environmental Health Sciences review date of (https://www.niehs.nih.gov/research/programs/geh/climatechange/health_impacts/heat/index.cfm#:~:text=Prolonged%20exposure%20to%20extreme%20heat,%2C%%2C%20and%20car%) section titled Effects of Heat" conducted on , revealed that "prolonged exposure to extreme heat can cause heat exhaustion, heat cramps, heat , and , as well as exacerbate pre-existing conditions, such as various , , and ". A review of facility's records, conducted on , revealed that the facility's comprehensive emergency management plan had not been approved since . The facility continued with an unsatisfactory inspection report from the local fire inspector which was dated . During an interview conducted with the Administrator at 7:35pm on , he stated that someone was inside the facility working on the air conditioner and upon attempt to interview this person, there was no one found working on the air conditioning. The Administrator telephoned this person and found out that the repairman had not arrived. At 8:00pm, the Administrator stated that the living room wall air conditioning unit was	A 152		

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A 152	Continued From page 8 old, non-functional, and would not turn on. During further interview with the Administrator conducted at 8:18pm, the Agency representatives re-requested that the staff give fluids to every resident and to continue every two hours until the indoor temperature was below 81 degrees Fahrenheit. The Administrator stated that Resident #10 continued and that that Resident #9 had a history of and insufficiency. He agreed that the temperatures in the facility were extreme enough to cause and exacerbation of current medical conditions. The Administrator stated that he could not leave pitchers of fluid throughout the community because the residents would just dump it on the floor, do other things with it, and that they all have mental health problems. The Administrator stated that residents would need frequent reminders to drink as they do not have the mental capacity without reminders. 2. During a tour of the first floor conducted on /20201 beginning at 11:45am, there were no monoxide detectors observed downstairs. Bathroom 2 did not have a door to maintain privacy. During a tour of the second floor conducted on beginning at 11:50am, the following was observed: " The second story fire escape had garbage, empty containers, plastic bowls, cigarette butts, a metal food container, empty plastic containers, a crumbled brown bag, a blue tarp, a broken wooden lattice fence, a stack of large wood pieces with metal rods sticking out of them, bags of leaves; and the fire escape stairs had rusted,	A 152		

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A 152	Continued From page 9 and frayed chicken wire wrapped around the railings. There was a wet area observed just outside the door that had a strong smell of . . " There were no . . . . monoxide detectors observed upstairs. " Bathrooms 3 and 4 were locked and prevented resident access. There were no other bathrooms on the second floor. " Bedroom 8 had a hole in the bottom half of the door and the linoleum flooring was lifting at the doorway. The ceiling fan in the room was not operational and the windowsill was covered in dirt. " Staff A was observed at12:33pm, using an electric drill attempting to get into Bathroom 3. Staff A revealed that the door was bolted closed because it was leaking down through the ceiling to the first floor. During an interview with Resident #14, conducted on . . . . . at 12:15pm, Resident #14 stated that Bathrooms 3 and 4 were always locked upstairs and he goes out on the fire escape to urinate because he could not make it downstairs to Bathroom 1 in time. During an observation conducted on . . . . . at 12:28pm with Staff A, Resident #7 was observed, from the living room through the open bedroom door to bedroom 4, sitting on the toilet with his pants and underwear pulled down around his . During interviews with Resident #4 and Resident #8, conducted on at 1:00pm, Residents #4 and #8 were upset about having to	A 152		

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A 152	Continued From page 10 use Bathroom 2 because there was no door for privacy. Resident #8 stated that the door had been gone for a couple of months. During an interview with Staff B, conducted on at 11:45am, Staff B stated that the Administrator needed to order new vents in the correct size and that the fire escape needed to be cleaned. During an interview with the Administrator, conducted on at 11:45am, the Administrator agreed that there were no monoxide detectors in the facility. The Administrator and his maintenance worker both were unable to show where the monoxide detector was located. At 12:33pm, the Administrator was unable to say if the upstairs bathrooms 3 and 4 were in working order or not. At 1:10pm, the Administrator stated that Staff B just helps him out with things around the facility and was not an employee and that the door to Bathroom 1 had been removed a week and a half ago. During an observation with the Administrator at 8:00pm on , Resident #7 was observed seated on the toilet and could be seen through bedroom 4's open bedroom door to the living room. During an interview with the Administrator conducted on at 8:00pm, he confirmed that there was in front of Bathroom 3 and 4 on the second floor. The Administrator stated that the residents are mental health residents, and they are always doing something. Class I	A 152		

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{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 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	{A 200}		

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

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 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

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{A 200}	Continued From page 13 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 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	{A 200}		

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	AL11942749	A. BUILDING: _____ B. WING _____	R 05/04/2021

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PICKET FENCE MANOR	1662 9TH STREET SOUTH SAINT PETERSBURG, FL 33701

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{A 200}	Continued From page 14	{A 200}		

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 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

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{A 200}	Continued From page 15	{A 200}		

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 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 , have implemented the plan required under this rule.
(b) The Agency shall allow an extension up to 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

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{A 200}	Continued From page 16 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. (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	{A 200}		

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{A 200}	Continued From page 17 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. (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	{A 200}		

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{A 200}	Continued From page 18	{A 200}		

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 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

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{A 200}	Continued From page 19 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 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 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 notifications to residents and/or their representatives that the facility implemented their emergency environmental control plan, conducted on , there was no evidence provided that the Facility notified residents and/or their representatives that the facility had implemented	{A 200}		

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{A 200}	Continued From page 20 their emergency environmental control plan. During an observation of the facility from 11:30am until 8:30pm, the temperature in the facility ranged from 80 degrees Fahrenheit to 88 degrees Fahrenheit inside the facility. There were no means that were implemented in order to remain a safe temperature at or below 81 degrees Fahrenheit. During an interview with the Administrator, conducted on at 12:00pm, the Administrator was unable to provide proof that the facility implemented its emergency environmental control plan. 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 II	{A 200}		

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CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility had fifteen residents residing in the facility, which had exceeded the Facility's licensed capacity of fourteen residents. Findings Included: A review of the admission and discharge log, conducted on . . . . . , revealed that Residents #1 through #14 resided in the facility. Observations, conducted on and . . . . . , revealed that the facility was overcapacity and had greater than fourteen residents residing in the facility. -On . . . . . at 05:32pm, Resident #16 was observed walking into the facility from the front	CZ828		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ828	Continued From page 1 sidewalk. -On and , Resident #17 was present in the facility and on its grounds throughout both days of survey asking for the Administrator for his money at 02:30pm and 07:48pm on . -On Resident #18 was observed in the facility and on the grounds throughout survey. His left arm was broken and in a sling. -On at 02:15pm and 06:15pm, Resident #19 was observed at the steps of the facility smoking a cigarette. At 06:15pm, Resident #19 was observed walking to the side of the office and feeding a stray kitten on the patio table. During an interview with Resident #16, conducted on at 05:32pm, Resident #16 stated that he lived at the facility and that the air conditioner had not been working "for a week or so". During a review of all resident records, conducted on , Resident #1 through #15's records were reviewed as active current residents. There were sixteen records all together and the Administrator took Resident #15's record and the other unidentified resident's record from the Surveyor. During interviews with the Administrator, conducted on , at 02:05pm, the Administrator denied that Resident #15 and the unidentified resident lived in the facility. At 2:20pm the Administrator told Resident #18 to "give me a minute, okay?" Unclassified	CZ828		

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{CZ830}	Continued From page 2	{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 3 (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 4 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. Additionally, the facility failed to update the Emergency Status System (ESS) daily by 10:00am daily as required. Findings Included: A review of the most recent CEMP approval document, conducted on , revealed that the approved CEMP document provided was dated . During a review of an email transmission from the local emergency management office, conducted on , revealed that the emergency management office notified the facility on that they were not accepting their CEMP. The emergency management office gave the facility instructions on how to re-submit their CEMP. There was no CEMP approval, rejection, or other communications from the local emergency management office to review after . A review of the ESS daily report, conducted on , , , and , revealed that the facility had not updated resident and staff statuses since or their COVID-19 status since	{CZ830}		

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{CZ830}	Continued From page 5 . . . . . . 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. During an interview with the Administrator, conducted on . . . . . at 12:00pm, the Administrator agreed that the Facility continued without an approved CEMP approved from the local emergency management office. The Administrator agreed that the Facility was not updating the ESS daily by 10:00am. Unclassified	{CZ830}		