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
	AL11969006	A. BUILDING: _____ B. WING _____	05/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERCREST SPANISH SPRINGS	930 ALVEREZ AVE LADY LAKE, FL 32159

(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 investigation, complaint number 2021004221, and a COVID-19 focused control survey were conducted on at Watercrest Spanish Springs. Deficiencies were identified.	A 000		
CZ830 SS=C	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,	CZ830		

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CZ830	Continued From page 1	CZ830		

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.
(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

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CZ830	Continued From page 2 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to report the facility census, available beds, inventory, needs, and other information related to Novel Coronavirus 2019 (COVID-19) to the Agency for Health Care Administration's Emergency Status System (ESS) online database daily by 10:00 AM, pursuant to Executive Order 20-51, and at the direction of the State Surgeon General, for 37 of the 37 days reviewed. Findings: A review of ESS submissions by the facility during , through , revealed the facility failed to submit the required data on the following dates: , - , , . During an interview on , at 1:00 PM, the administrator stated she was responsible for completing the ESS submissions for the facility each day. She stated she thought she received information that said she no longer had to submit unless she had a positive COVID-19 case. A review of Agency for Health Care Administration (AHCA's) Emergency Status System (ESS): Daily Long Term Care Facilities Reporting Update, dated , reads, "ESS Reporting: Effective , , the 'Additional Info'	CZ830		

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CZ830	Continued From page 3 tab has been updated to specify the number of current staff and residents that have and have not received at least one dose of the . . . . . The questions have also been revised to remove those no longer needed, reducing the number from 30 to 14 questions. Please continue to report the current Bed Census and Available Beds and the Additional Info tabs daily by 10 AM ET (Eastern Time) until further notice." Class	CZ830		