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
	AL11966320	A. BUILDING: _____ B. WING _____	05/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ERA ASSISTED LIVING	815 WEST DAUGHTERY RD LAKELAND, FL 33809

(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 complaint investigation (complaint number: 2021006598), a COVID-19 focused control visit, and a generator monitoring were conducted at New Era Assisted Living on . Deficiencies were identified at the time of survey.	A 000		
A 152 SS=D	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 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.	A 152		

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A 152	Continued From page 1 (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 and interview, the Facility failed to maintain a clean, safe, and decent living environment free of hazards. Furthermore, the Facility failed to ensure that all existing architectural, structural, and appurtenances were maintained in good working order. Findings Included: During observations, conducted on from 12:45pm - 02:36pm, revealed the following: -In the yard: There was cluttered with trash, plumbing pipes, a broken fence, furniture blocking three egress doors, a metal set piled up, a dust pan, two brooms, two rolling trash can holders, cigarette butts lining the yard everywhere, ladders, and trellises lying on their side. The eaves surrounding the building were visibly dirty and/or with biogrowth. -In the activity room: There was one of four tables that had a large chunk of wood missing out of it. There were two chairs that were covered in plastic that was tattered and torn. -In the Hallway: There were dirty light switch plates and resident room doors had the paint peeling off. One water fountain was covered in	A 152		

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A 152	Continued From page 2 plastic that appeared to have mildew or biogrowth covering it. The water fountain was visibly dirty and had a cigarette butt in the drain. -In one main shower room: There were many personal care items grouped and piled up together with no idientfying information on who they belonged to. The mirror was aged and worn with many unsightly spots. There were two black storage bins that were visibly dirty with white drips or spills of unknown substance. - : bathroom had rust or biogrowth in the toilet bowl. There was dirt and biogrowth surrounding the faucet to the sink. The caulking was peeling away. The mirror was aged with unsightly spots. The metal soap dispenser was covered in soap scum and corroded. The floor was visibly dirty. - : had a broken dresser with a missing drawer. - : had a broken dresser with a missing drawer. The bathroom floor was visibly dirty. The shower walls had dirt, soap scum, and hard water stains. The metal shower drain was corroded. The metal soap holder was covered in soap scum and corroded. The metal toothbrush holder was visibly dirty and corroded. The light switch and electrical outlet was visibly dirty. The caulking surrounding the sink was cracking and peeling away and visibly dirty. - : the bathroom had a visibly dirty floor, throw rug, and baseboards. The shared bathroom had one bar soap in the shower area. The metal toilet paper holder was corroded.	A 152		

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A 152	Continued From page 3 - [redacted]:the bathroom had a metal soap holder that was covered in soap scum and corrosion. The metal toothbrush hold was covered in dust. The metal towel rack in the shower was broken. During an interview with the Administrator, conducted on 02:52pm, the Administrator agreed that the broken dining table need to be removed, replace or repaired She agreed that the chairs that were covered in tattered plastic need to be removed, recovered or replaced. She agreed that the broken fence needed to be repaired or replaced. She agreed that the chairs in the outside sitting area needed to be cleaned, covered, or replaced. The Administrator stated that there were no current residents that smoked and that staff were throwing their cigarette butts all over the yard. She agreed that [redacted], [redacted], 128, and 132 bathrooms had caulking to be repaired, and had broken towel racks and toilet paper holders to be repaired or replaced. She agreed that the broken furniture needed to be removed, repaired, or replaced. She agreed that aged mirrors need to be repaired or replaced. She agreed that bathrooms need cleaning to floors, baseboards, sinks, toilets, and showers and that corroded metal soap holders, toothbrush holders, and shower drains needed cleaned or replaced. The Administrator stated that the furniture blocking three egresses need to be removed and that everything described was unsightly, not decent, and did not make for a homelike setting. Photographic evidence obtained. Class III	A 152		

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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, 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	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 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) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 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 observation, record review, and interview, the Facility failed to submit a comprehensive emergency management plan (CEMP) for approval. Additionally, the Facility failed to store flammable gasoline safely and have their fire alarms properly functioning which placed all residents at risk of harm or injury. Also, the Facility failed to obtain services to test and maintain their generators. Findings Included: During observations, conducted on . . . . . at 12:55pm, there were three generators stored in a laundry room with a washing machine surrounded by and on top of the generators were items such as cardboard boxes filled with supplies, ... , plastic bags of clothing and/or linens, a walker, many other items hindering a quick response in the event of an emergency. In another storage room was greater than twenty-five gallons of gasoline stored under supplies and items such as cardboard boxes full of chemicals, gloves, chairs, plastic bags of clothing and/or linens, and styrofoam food trays. At 01:20pm, there was one egress door obstructed with a stack of chairs. At 01:22pm, there were bedrails leaning against the building in the pathway obstructing this egress door. At 02:36pm, there was a broken dresser obstructing a third egress door (photographic evidence obtained).	CZ830		

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CZ830	Continued From page 3 During an attempt to review the testing and maintenance logs for the generator, conducted on . . . . . , there were no testing and maintenance logs provided. A review of the most recent CEMP approval document, conducted on . . . . . , revealed that the approved CEMP document provided was dated . . . . . . There were no other documents provided for review. 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 local Fire Marshall's report, conducted on . . . . . at 05:59pm, the Fire Marshall stated that the fire alarm was in trouble and that the Facility was being placed on "a fire watch until the alarm is cleared of all trouble". During an interview with the Administrator, conducted on . . . . . at 02:52pm, the Administrator stated that the Owner placed the fuel and the generators inside the building. The Administrator stated that the Facility had not submitted their CEMP for approval. The Administrator was unable to provide testing and maintenance logs that showed that the three generators were fully operational. Unclassified	CZ830		