

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968921	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/15/2021
NAME OF PROVIDER OR SUPPLIER SERENITY VILLA ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 559 HEWETT DR ORLANDO, FL 32807		
(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 a biennial survey was conducted at Serenity Villa ALF, LLC. on Deficiencies were found to remain uncorrected at the time of the survey.	{A 000}			
{A 181} SS=D	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 facilities. (e) Any plan approved by the local emergency	{A 181}			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY VILLA ALF LLC

**559 HEWETT DR
ORLANDO, FL 32807**

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{A 181}	Continued From page 1 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: DEFICIENCY REMAINED UNCORRECTED Based on review of the facility's documentation and interview, the facility failed to obtain the annual Comprehensive Emergency Management Plan (CEMP) approval letter as required from the local emergency management agency. Findings: Reviewed the last CEMP approval letter dated (two years ago). There was no documented evidence approval letters for year 2020 and 2021. On at 2:45 PM, it was requested to review the current approved CEMP letter for correction, but the Administrator answered that while the contractor was installing the new fixed generator outside in , a pipe and tank was broken. The contractor stated they would not start the repair until . The administrator stated that she was very upset because this was holding up her renewal license for the facility. On at 3 PM, an interview with the Administrator confirmed the findings. Class III	{A 181}		