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 |
|---|---|---|---|
| | AL11964350 | A. BUILDING: _____ B. WING _____ | 07/21/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PALMETTO SENIOR CARE, INC | 3157 WEST 78 PLACE HIALEAH, FL 33016 |

| (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<br><br>A COVID-19 control monitoring survey was conducted at Palmetto Senior Care, Inc. on . A deficiency was identified at the time of the survey. | A 000 | | |
| A 181 SS=D | 59A-36.019(2) FAC Emergency Plan Approval<br><br>(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.<br>(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.<br>(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.<br>(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.<br>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.<br>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.<br>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.<br>(e) Any plan approved by the local emergency | A 181 | | |

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| A 181 | Continued From page 1<br><br>management agency is considered to have met all the criteria and conditions established in this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to ensure that three out of three sampled staff (Staff A, Staff B and Staff C) were trained in their duties and are responsible for implementing the emergency management plan. Staff A, B and C were unable to operate the facility generator.<br><br>Findings Included:<br><br>Observation on at 12 PM revealed that Staff A and B at the facility with a census of 4 residents.<br><br>On at 12:00 PM observed a portable generator (Duromax Hybrid XP1200 EH).<br><br>During an interview on at 12:02 PM, Staff A stated "We don't know how to turn on the generator."<br><br>During an interview on at 12:10 PM, Staff B stated "I have never seen the generator in my life. I don't know how to work it."<br><br>During an interview on at 12:43 PM, Staff C stated "Only the handyman knows how to take the generator out and connect it. I can turn it on but I can't take it out of the shed to turn it on."<br><br>Review of personnel records revealed training on Emergency procedures was conducted on for Staff A, for Staff B, and for Staff C. | A 181 | | |

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| A 181 | Continued From page 2<br><br>Class III | A 181 | | |