

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968978</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/29/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**INTEGRITY GROUP HOME CORPORATION**

**15025 MONROE ST  
MIAMI, FL 33176**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | Initial Comments<br><br>A revisit to a biennial survey was conducted at Integrity Group Home Corporation on ..... Deficiencies were found to be uncorrected at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {A 000}             |                                                                                                                          |                          |
| {A 078}<br>SS=D          | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable ..... The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of ..... testing materials satisfies the annual ..... examination requirement. An individual with a positive ..... test must submit a health care provider's statement that the individual does not constitute a risk of .....<br>2. If any staff member has, or is suspected of having, a communicable ..... such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable .....<br>(b) Staff must be qualified to perform their | {A 078}             |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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| {A 078}                  | <p>Continued From page 1</p> <p>assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(d) An assisted living facility _____ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(f) Level 2 background screening must be conducted for staff, including staff _____ by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule _____ is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of a negative _____ examination on an annual basis for two out of four sampled staff (Administrator and Staff D).</p> <p>Findings Include:</p> | {A 078}             |                                                                                                                          |                          |

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| {A 078}                  | Continued From page 2<br><br>Review of the Administrator's personnel record and Staff D personnel records revealed the last ( ) examination on file was dated . . . . .<br><br>On . . . . . 9:45 AM the Administrator stated that she did not know her deficiencies because an exit was not done with her because she was not at the facility on the day of the survey.<br><br>Record review showed that the results for the Administrator and Staff D were sent by fax at approximately 10:15 AM, being negative; Administrator had a negative result on . . . . . and Staff D on . . . . .<br><br>Uncorrected<br>Class III                                   | {A 078}             |                                                                                                                          |                          |
| {A 162}<br>SS=D          | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. . . . ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance . . . . ,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the health care provider and case manager, if | {A 162}             |                                                                                                                          |                          |

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| {A 162}                  | Continued From page 3<br><br>applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.<br>(f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.<br>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. | {A 162}             |                                                                                                                          |                          |

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| {A 162}                  | <p>Continued From page 4</p> <p>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S.</p> <p>(l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____, CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a>. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.</p> <p>(m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.</p> <p>(o) The resident's _____, DH Form 1896, if applicable.</p> <p>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:</p> <ol style="list-style-type: none"> <li>1. A log listing the names of residents participating in this arrangement,</li> <li>2. The resident demographic data required in this paragraph,</li> </ol> | {A 162}             |                                                                                                                          |                          |

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| {A 162}                  | <p>Continued From page 5</p> <p>3. The health assessment described in rule 59A-36.006, F.A.C.,</p> <p>4. The resident's contract described in rule 59A-36.018, F.A.C.; and,</p> <p>5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.</p> <p>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed have a completed health assessment for four out of seven sampled residents (# 2, # 4, # 6 and # 7).</p> <p>Findings include:</p> <p>A review of Resident's #2's record, showed the resident health assessment dated showed the physician did not indicate the type of assistance the resident needed to transfer, also the special precautions section had been left blank.</p> <p>A review of Resident # 4's record showed the</p> | {A 162}             |                                                                                                                          |                          |

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| {A 162}                  | Continued From page 6<br><br>resident had a health assessment with not date<br>and stated he needed medication administration.<br><br>On _____ at 10:23 AM the Administrator<br>stated, "We will fix it. He does not need<br>medication administration."<br><br>A review of Resident # 6's record, showed the<br>health assessment completed on _____. I had<br>left the question if resident needed assistance<br>with medications blank.<br><br>On _____ at 10:25 AM the Administrator<br>stated, "I will fix it."<br><br>A Review of Resident # 7's record showed the<br>health assessment was not dated and the<br>question regarding if the residents' needs could<br>be met at the facility which was not a medical,<br>nursing or _____ facility stated, "no."<br><br>On _____ at 10:15 AM administrator stated, "it<br>is wrong."<br><br>Uncorrected<br>Class III | {A 162}             |                                                                                                                          |                          |
| {A 200}<br>SS=D          | 59A-36.025 FAC Emergency Environmental<br>Control<br><br>59A-36.025 Emergency Environmental Control<br>for Assisted Living Facilities.<br>(1) DETAILED EMERGENCY ENVIRONMENTAL<br>CONTROL PLAN. Each assisted living facility<br>shall prepare a detailed plan ("plan") to serve as<br>a supplement to its Comprehensive Emergency<br>Management Plan, to address emergency<br>environmental control in the event of the loss of<br>primary electrical power in that assisted living                                                                                                                                                                                                                                                                                                                                                                                      | {A 200}             |                                                                                                                          |                          |

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| {A 200}                  | Continued From page 7<br><br>facility which includes the following information:<br>(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.<br>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 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.<br>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. | {A 200}             |                                                                                                                          |                          |



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| {A 200}                  | <p>Continued From page 8</p> <p>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.</p> <p>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.</p> <p>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 regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.</p> <p>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.</p> <p>(b) The acquisition of sufficient fuel, and safe</p> | {A 200}             |                                                                                                                          |                          |

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| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 200}                  | <p>Continued From page 9</p> <p>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.</p> <p>1. Facilities must store minimum amounts of fuel onsite as follows:</p> <p>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.</p> <p>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.</p> <p>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.</p> <p>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.</p> <p>4. If local ordinances or other regulations limit the 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.</p> <p>(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</p> | {A 200}             |                                                                                                                          |                          |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968978</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/29/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**INTEGRITY GROUP HOME CORPORATION**

**15025 MONROE ST  
MIAMI, FL 33176**

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| {A 200}                  | Continued From page 10<br><br>assisted living facility.<br>(d) The acquisition and maintenance of a<br>monoxide alarm.<br>(2) SUBMISSION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to<br>the effective date of this rule shall submit its plan<br>to the local emergency management agency for<br>review within 30 days of the effective date of this<br>rule. Assisted living facility plans previously<br>submitted and approved pursuant to emergency<br>Rule 58AER17-1 will require resubmission only if<br>changes are made to the plan.<br>(b) Each new assisted living facility shall submit<br>the plan required under this rule prior to obtaining<br>a license.<br>(c) Each existing assisted living facility that<br>undergoes any additions, modifications,<br>alterations, refurbishment, renovations or<br>reconstruction that require modification of its<br>systems or equipment affecting the facility's<br>compliance with this rule shall amend its plan and<br>submit it to the local emergency management<br>agency for review and approval.<br>(3) APPROVED PLANS.<br>(a) Each assisted living facility must maintain a<br>copy of its approved plan in a manner that makes<br>the plan readily available at the licensee's<br>physical address for review by a legally<br>authorized entity. If the plan is maintained in an<br>electronic format, assisted living facility staff must<br>be readily available to access and produce the<br>plan. For purposes of this section, "readily<br>available" means the ability to immediately<br>produce the plan, either in electronic or paper<br>format, upon request.<br>(b) Within two (2) business days of the approval<br>of the plan from the local emergency<br>management agency, the assisted living facility<br>shall submit in writing proof of the approval to the | {A 200}             |                                                                                                                          |                          |

Agency for Health Care Administration

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| {A 200}                  | <p>Continued From page 11</p> <p>Agency for Health Care Administration.</p> <p>(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.</p> <p>(4) IMPLEMENTATION OF THE PLAN.</p> <p>(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.</p> <p>(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 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.</p> <p>(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</p> | {A 200}             |                                                                                                                          |                          |

Agency for Health Care Administration

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| {A 200}                  | <p>Continued From page 12</p> <p>of ninety-six (96) hours.</p> <p>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.</p> <p>2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:</p> <p>a. Fully and safely evacuate its residents prior to the arrival of the event; or</p> <p>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.</p> <p>(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.</p> <p>(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment 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.</p> <p>(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.</p> <p>(5) POLICIES AND PROCEDURES.</p> | {A 200}             |                                                                                                                          |                          |

Agency for Health Care Administration

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| {A 200}                  | <p>Continued From page 13</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. The use of cooling devices and equipment;</li> <li>2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;</li> <li>3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and</li> <li>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.</li> </ol> <p>(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 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.</p> <p>(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee,</p> | {A 200}             |                                                                                                                          |                          |

Agency for Health Care Administration

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| {A 200}                                                                     | Continued From page 14<br><br>surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.<br>(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.<br>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.<br>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.<br>(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.<br>(8) NOTIFICATION.<br>(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:<br>1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;<br>2. Upon final implementation of the plan by the assisted living facility.<br>(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 | {A 200}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 200}                  | <p>Continued From page 15</p> <p>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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to notify four of seven residents' legal representatives of the existence of the emergency power plan within 5 business days in writing (Resident #2, # 4, #5 and # 7).</p> <p>Findings included:</p> <p>A review of Residents' # 2, # 4, # 5 and # 7 records showed there was no documentation the residents and/or their representatives were notified of the implementation of the facility's Emergency Plan. Resident #2 was admitted on ..... , Resident # 4 was admitted on ..... , Resident #5 was admitted on ..... and Resident # 7 was admitted on .....</p> <p>On ..... at 10:28 AM the Administrator stated, "We will send them to the families."</p> <p>Uncorrected<br/>Class III</p> | {A 200}             |                                                                                                                          |                          |