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
	AL11942716	A. BUILDING: _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL 32792

(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 complaint investigation, 2021011618 and 2021011394, were conducted at Westchester of Winter Park Assisted Living Facility, Winter Park, Florida, on . . . . . . Deficient practices were found at the time of the investigation.	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	A 181		

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A 181	Continued From page 1 facilities. (e) Any plan approved by the local emergency 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: Based on record review and interviews, the facility did not ensure it had a current approved Comprehensive Emergency management plan by the Emergency Management Agency. Findings: On , in a record review, the Agency requested a copy of the current emergency plan approval letter from the local Office of Emergency Management. On , at 10:05 AM, in an interview with Staff F, Staff F stated they were responsible for the facility emergency management plan. Staff F, when asked about the approval letter from the local Office of Emergency Management, stated the plan is currently, "Not approved" by the local office. Staff F stated he could provide documentation of communication (e-mails) with the local office stating they were working to have the plan approved. On , at 10:15 AM, in an interview with the administrator, the administrator confirmed the statements from Staff F and stated the facility would provide copies of the e-mails from the local Office of Emergency Management. On , at 3:50 PM, in an interview with the administrator, the administrator stated she obtain the e-mails and forwarded them to the Agency.	A 181		

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A 181	Continued From page 2 Class III	A 181		