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
	AL11967714	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKWELL SENIORS INC	22198 ENSENADA WY BOCA RATON, FL 33433

(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 Unannounced wellness monitoring and Generator Monitoring surveys were conducted on at Rockwell Seniors Inc. The facility had deficiencies at the time of the survey.	A 000		
CZ830	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	CZ830		

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CZ830	Continued From page 1	CZ830		

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 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

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CZ830	Continued From page 2 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 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 its revised comprehensive emergency management plan (CEMP) to the local emergency management agency. The facility's CEMP must contain the significant modification of the facility's emergency environmental control plan (EECP) as a supplement, to indicate it did not have an alternate power source to ensure the . . . . air temperature of the facility will be maintained at or below 81 degrees Fahrenheit in the event of the loss of primary electrical power. The findings are: In an observation of the exterior areas surrounding the building of the facility on at 10:15AM, there was no alternate power source device, such as a power generator, located in the facility's property. Review of the facility records revealed that it's most recent CEMP with its supplemental EECP was submitted for approval to the local emergency management agency on . . . . . Review of the facility's "Generator Policy and Procedures" dated on revealed that the EECP detailed the power generator as the source	CZ830		

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CZ830	Continued From page 3 of the facility's alternate power source in the event of the loss of primary electrical power. Further review of the EECP indicated that the facility was supposed to have a portable power generator located in the east side of the facility's building which would be capable to power the facility's air conditioning units and ensure the air temperature of the facility will be maintained at or below 81 degrees Fahrenheit in the event of the loss of primary electrical power. In an interview with the Administrator on 11-17-21 at 10:40AM, she stated that she sold the facility's power generator on or about , and that she felt that the facility no longer needed to have a power generator as its alternate power source to ensure the air temperature of the facility will be maintained at or below 81 degrees Fahrenheit in the event of the loss of primary electrical power. She stated that facility's new plan was to relocate every resident in the facility to another facility which was also owned by this facility's owner, in the event of an electrical power outage. She stated that the facility's new plan, which included that the facility no longer had a power generator capable to power the facility's air conditioning units and for the facility to immediately relocate its residents in the event of the loss of primary electrical power, was not created or been submitted to the local emergency management agency for approval. In an interview with the Administrator on 11-17-21 at 11:00AM, she stated that she found the text communication she had with the merchant before selling the facility's power generator. Review of the Administrator's text communication maintained in her personal cellular telephone device, revealed that the facility's power generator was being offered for sale at an asking	CZ830		

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CZ830	Continued From page 4 price of $1,500.00 on . (Photographic evidence was obtained). Unclassified	CZ830		