

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942892	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COLONIAL ASSISTED LIVING AT TAMPA FL

**11722 NORTH 17TH STREET
TAMPA, FL 33612**

(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 monitoring fro resident well-being was conducted at Colonial Assisted Living At Tampa on and . The facility had deficiencies at the time of survey.	A 000		
A 183 SS=G	59A-36.019(4) FAC Emergency Mgmt - Facility Evacuation (4) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency. (a) The facility must report the evacuation to the local office of emergency management or designee and to the agency within 6 hours of the evacuation order. If the evacuation takes more than 6 hours, the facility must report when the evacuation is completed. (b) The facility must not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents. (c) A facility with significant structural damage must relocate residents until the facility can be safely re-occupied. (d) The facility is responsible for knowing the location of all residents until the residents have been relocated to another facility. (e) The facility must provide the agency with the name of a contact person who must be available by telephone 24 hours a day, seven days a week, until the facility is re-occupied. (f) The facility must assist in the relocation of residents, and must cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences must be considered to the extent	A 183		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 183	Continued From page 1 possible in any relocation decision. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure that all resident needs regarding facility emergency relocation and evacuation were met. The facility chose a place that could not met the needs of the residents, and it was not a part of their Comprehensive Emergency Management Plan (CEMP). This facility's lack of planning placed all 55 residents at risk of harm and exacerbation of their health conditions due long travel, lack of provision of activities of daily living (ADL) care and lack of supervision from staff. Findings Included: An observation conducted on at 10:30am revealed several residents outside the facility with county and state agencies. An interview conducted on at 10:30am with the Administrator, she stated the facility had a fire on than another one the morning of The Administrator stated that the facility was evacuating all the residents to another location as the facility was not cleared to be occupied. The Administrator stated they were going to be using the location in their approved CEMP. An interview was conducted on at 11:05a.m. Hillsborough County Emergency Management Division when asked if the facility had a current approved CEMP by their office the staff member stated the last approved CEMP was in 2020. During a phone interview was conducted with the	A 183		

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NAME OF PROVIDER OR SUPPLIER COLONIAL ASSISTED LIVING AT TAMPA FL			STREET ADDRESS, CITY, STATE, ZIP CODE 11722 NORTH 17TH STREET TAMPA, FL 33612		
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A 183	Continued From page 2 Administrator on ... at 11:17a.m., she stated the facility will be evacuating all of the residents to a hotel in Winter Haven. Further interview with the Administrator revealed the facility chose not to send the residents to the location in their approved CEMP because the facility did not have mattresses for the residents. The hotel would provide more conformability for the residents. Record review of electronic mail conducted on sent to the facility dated revealed, the facility's CEMP was not approved due to the facility not providing primary and alternate routes to transfer the residents. During a tour of the hotel rooms conducted on beginning at 5:00pm revealed the hotel rooms had a , on the threshold of the door about an inch in . This made it nearly impossible for a resident in a wheelchair to enter or exit the room without assistance. The width of the door also made it hard for wheelchairs to enter and exit the room. A resident would not be able to propel themselves in or out of the room as there was no room. An observation was made on at 5:10p.m. with Staff A and Resident #1. Staff A was trying to help Resident #1 maneuver to the toilet in Residents'#1 hotel room. Due to the small size of the bathroom Staff A was unable to get Resident #1 to the toilet. During an interview conducted with the Owner on at 5:30p.m., she stated that the 25 residents that are wheelchair bound or required assistance with ambulation would not be able to stay at the hotel as it is not safe for them.	A 183			

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A 183	Continued From page 3 An interview was conducted with Resident #3 on at 6:18p.m. in his hotel room. When asked how he would contact staff if he needed help Resident #3 stated "I don't know how I would get a hold of staff to help me if I needed help." An interview was conducted with the Owner on at 8:03p.m., when asked if anyone from the facility had physically observed the hotel prior to sending the residents the Owner stated that none of her staff had physically seen the hotel prior to sending the residents. An observation conducted on at 9:51pm revealed Emergency Medical Services arrived to take Resident #4 to the hospital due to him An observation conducted on at 12:30am, two buses left the hotel in Winter Haven to take residents to assisted living facilities in Largo, Florida and Tampa, Florida. An observation conducted on at 12:00pm, transportation left the hotel in Winter Haven to take remaining residents to assisted living facilities in Fort Lauderdale, Florida and Haines City, Florida. Class II	A 183		