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
	AL11965581	A. BUILDING: _____ B. WING _____	R 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREST MANOR	504 THIRD AVENUE SOUTH LAKE WORTH, FL 33460

(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 Desk Review was conducted on as follow-up to the Generator Monitoring survey at Crest Manor. The facility had an uncorrected deficiency identified related to the Generator Monitoring at the time of the Desk Review.	{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	{CZ830}		

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{CZ830}	Continued From page 1	{CZ830}		

appropriate care and services to all clients. In 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

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{CZ830}	Continued From page 2 requires the prior approval by the agency of a 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 record review and interview, the facility failed to timely secure approval of their Comprehensive Emergency Management Plan from the Local County Emergency Management Division. As evidence of the facility failure to submit required revisions to the CEMP by designated timeframes as indicated by the Emergency Management Division. The findings include: a) On [redacted] and [redacted] a Re-licensure with Generator Monitoring survey was conducted at the facility. During the Survey on [redacted] a request was made to the Assistant Administrator for the facility's current Comprehensive Emergency Management Plan (CEMP) approval letter from the Local County Emergency Management Division. The facility's CEMP binder was provided which included the facility's most recent CEMP approval letter from the Local County Emergency Management Division. This approval letter was dated [redacted]. This approval expired [redacted]. A new plan was to be submitted for review to the local emergency	{CZ830}		

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{CZ830}	Continued From page 3 management office no later than . . . . . The Assistant Administrator was informed of the expiration. In an interview with the Administrator on at 2:30 PM he stated he is waiting on other items to get the plan together and send it to the local emergency management office, namely the fire inspection. The facility was unable to provide any evidence indicating the plan had been resubmitted since the approval expiration on . . . . . b) On at 1:19 PM, an email was sent to the facility's Administrator informing him that a Desk Review was being conducted as follow-up to the Generator Monitoring survey, and a copy of the CEMP approval letter was requested at this time in order to correct the previous deficiencies cited. On at 12:09 PM, a second email was sent to Administrator, again requesting information to complete the Desk Review, as there had been no response to the email sent on . On at 2:30 PM, a phone message was left by the facility Administrator with the receptionist at the area Office requesting a return call. This call was returned on . . . . . at 11:01 AM, but there was no answer and the Administrator's voice mailbox was full. On . . . . . at 11:14 AM, a third email was sent to the facility Administrator again requesting copy of CEMP approval letter needed to complete the follow-up. On at 3:21 PM, an email was received	{CZ830}		

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{CZ830}	Continued From page 4 from the Administrator which included a copy of the CEMP Initial Review, dated , denying approval and requesting corrections be completed on the CEMP and resubmitted within 30 days. No further documentation was provided showing that the facility submitted the corrected CEMP to the local emergency management office within those 30 days, or anytime thereafter. No approval letter for the facility's CEMP from the local emergency management office has been provided to show correction for the previously cited deficiency. Class III Uncorrected	{CZ830}		