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
	AL11953392	A. BUILDING: _____ B. WING _____	03/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE RESIDENCE	6260 GUN CLUB ROAD WEST PALM BEACH, FL 33415

(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 Relicensure and Generator Monitoring survey was conducted on [redacted] at Lee Residence. The facility had deficiencies identified related to the Relicensure and Generator Monitoring at the time of the survey.	A 000		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [redacted] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [redacted]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Agency for Health Care Administration (AHCA) employee Background Screening Clearinghouse roster within 10 business days of employee termination of employment for 1 of 3 sampled employees, Staff B. The findings included: During a comparison of the current facility staffing schedule for . . . . and the AHCA Background Screening Clearinghouse roster, it was revealed that 1 out of 3 staff members on the AHCA Background Screening Clearinghouse roster, Staff B, name was not documented on the current staffing schedule. Further review of the AHCA Background Screening Clearinghouse roster revealed Staff B had a date of hire of . . . . with no termination of employment date. On at 12:03 PM, during personnel record reviews, the Administrator was unable to locate Staff B's personnel record to verify her date of termination. On . . . . . at 2:00 PM, an interview was conducted with the Administrator who confirmed Staff B is no longer an employee and stated she has not worked at the facility for months. She also stated that herself and Staff A are the only 2 employees that work at the facility. She acknowledged the findings and provided no further documentation. Unclassified	CZ814		

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CZ830	Continued From page 2	CZ830		
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 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.	CZ830		

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CZ830	Continued From page 3 (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 renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.	CZ830		

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CZ830	Continued From page 4 (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, it was determined the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) has been submitted for review and approval annually to the county Division of Emergency Management. The findings included: During an interview conducted with the Administrator on at 11:25 AM, a request was made for the facility's CEMP approval letter and/or proof of most recent submission to the county Division of Emergency Management for review. The Administrator produced the facility's last CEMP approval letter which was dated with an expiration date of . . . . . Review of the CEMP approval letter documented in part, 'Please be advised that the next plan review submittal date is . . . . . This allows for a 60 day review period established by Florida State Statutes before the CEMP expires. Your Facility Plan Year is from . . - . . . . , . . of each year. Please plan your dated materials accordingly.' During an interview conducted with the Administrator on . . . . . at 11:55 AM, she confirmed their CEMP was last approved last year and is currently expired. She stated she had to make some corrections to get it approved however provided no details. The Administrator was unable to produce any documentation to	CZ830		

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CZ830	Continued From page 5 show that their CEMP has been submitted for approval to the county Division of Emergency Management for 2022. Class III	CZ830		