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
	AL11910733	A. BUILDING: _____ B. WING _____	R 03/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING VILLAGE OF MARGATE LLC	6810 SW 7TH STREET MARGATE, FL 33068

(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 Revisit survey was conducted on 03/09/2022 at Caring Village of Margate LLC. The facility had uncorrected deficiencies identified at the time of the survey.	{A 000}		
{AL240}	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain from the Agency for Health Care Administration (AHCA), the state licensing body, a Limited Mental Health (LMH) specialty license to be able to admit and care for residents with LMH diagnoses. The findings included: A revisit was conducted at the facility on . Review of the facility's census	{AL240}		

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{AL240}	Continued From page 1 revealed the facility currently had 81 residents. Review of the facility Admission/Discharge Register revealed the names of 18 residents identified as being LMH residents. During an interview conducted on . . . . . at 1:14 PM with the Administrator, she stated that the owner failed to include and request LMH on their license. She stated he had someone else completing the license application for him and they failed to add the LMH portion. The Administrator stated that they are still working on obtaining the LMH and she is trying to make sure that it is completed soon. She stated when they had the Change of Ownership (CHOW) they had LMH residents residing at the facility. She stated they tried to add the LMH portion last year but she does not know what happened with that. She stated she will reapply for the LMH license at the end of the month. She stated the owner submitted an application for the LMH license but could not provide proof. She stated she would have to look and see if she can find it. Review of the Florida Healthfinders web site revealed the facility has a Standard license effective with an expiry date of . . . . . , and does not include the specialty license of LMH. Further review revealed the CHOW took place on . . . . . . The Administrator acknowledged the findings on at 1:30 PM and no additional information was provided. Class III	{AL240}		
{CZ830}	408.821 FS Emergency Management Planning 408.821 Emergency management planning;	{CZ830}		

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{CZ830}	Continued From page 2 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. (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	{CZ830}		

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{CZ830}	Continued From page 3 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. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to	{CZ830}		

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{CZ830}	Continued From page 4 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 provide a current Comprehensive Emergency Management Plan (CEMP) approval letter from the local County Emergency Management Division. The findings included: A revisit onsite survey was conducted at the facility on . During an interview on at 1:20 PM with the Administrator, she stated she does not have an approved CEMP as of yet. She stated she is waiting for her fire inspection so she can send the CEMP out. On at 2:52 PM, the Administrator confirmed she has never had an approved CEMP since the Change of Ownership (CHOW) that occurred on . She stated she has made no submission. On at 3:06 PM the Administrator stated that the last approved CEMP was with the previous owners which was for with an expiry date of . There was no CEMP submission for the 2020-2021 year. The Administrator acknowledged the findings on at 3:35 PM and no additional information was forthcoming. Class III	{CZ830}		