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
	AL11967622	A. BUILDING: _____ B. WING _____	06/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE COVE ALF LLC	110 WEST PALM AVENUE LAKE WORTH, FL 33467

(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 Complaint (#2022009576) and Generator Monitoring survey was conducted on at Noble Cove ALF LLC. The facility had deficiencies identified related to the Complaint and Generator Monitoring at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure they had a functioning fire panel to alert the local fire department in the event of a fire, placing the 5 residents residing in the facility at risk if a fire were to start in the facility. The findings included: Review of the Palm Beach County Fire Rescue inspection report for the facility revealed the following violations: A) . . . . . .- Fire department notified that the fire alarm system was in trouble condition with communication for dispatch. B) - Your file alarm service provider has sent us notice that your monitoring service will discontinue on . 1)Please provide your plan and service provider info to continue fire alarm monitoring services to operate your business on . . . . . and beyond. 2)Fire alarm in trouble, telco line 1 is down. It must be fixed ASAP. Action required. 3) Conduct fire drills as required by the Code. 4) Return completed pre-hurricane form ASAP. 5) Remove 7, 5-gallon gasoline jugs from garage. All violations must be abated immediately. The violations must be corrected by . C) - ACTION REQUIRED: Conduct an	A 152		

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A 152	Continued From page 2 approved fire watch until the fire protection system has been returned to service. 1) See email fire watch instructions and email log daily to the Fire Marshal and my email until I release you upon your completion of reconnection to central station service. All violations must be abated immediately. On . . . . . at 8:55 AM, a telephone interview was conducted with the local Fire Marshall. He confirmed the violations as noted in the inspection reports for the facility. He stated he has made numerous telephone and email attempts to reach out to the Owner of the facility regarding the violations. He further stated he was finally able to reach the Owner by phone on . . . He stated during the telephone conversation on , the Owner stated that she is working on it and at this time he initiated a fire watch order and emailed the Owner all the information she needed to complete and send to him daily. At this time, he has not received any response . . . , including the fire watch documentation, from the facility. As of today . . . . . , the facility has not corrected any of the violations. In addition, they had not conducted the required fire watch monitoring daily. A tour of the facility was conducted on at 9:34 AM with Staff A which revealed the fire panel is reading heat trouble. An observation of the fire panel on the left side of the wall near the common area was reading 'Trouble heat near garage'. Staff A stated the fire panel is not working and has not been for a while and the Owner is aware. Staff A further confirmed that no fire drills were being conducted at the facility. During a telephone interview at 8:33 AM with the	A 152		

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A 152	Continued From page 3 Local Fire Inspector the following was revealed. On he spoke with the Owner in regards to the panel reading 'Trouble'. On he was notified by the facility`s current fire monitoring company that the services will be disconnected on . He further stated on he had a conversation and initiated a fire watch order and emailed the Owner all the information she needed to complete and send to him daily. At this time, he has not received any response from the facility. On at 9:55 AM a telephone interview was conducted with the Fire Monitoring Company representative revealing that the facility is no longer under contract with them and that they are not monitoring the facility fire system and if there was a fire, the fire department would have no way of knowing of any fire emergency due to the facility system being disconnected. On at 1:00 PM, an interview was conducted with the Owner in regards to the concern of the fire panel not working properly; what company is monitoring the fire system; and keeping the generator and gas in a shed not in the garage. The Owner stated that she is working on getting a shed to store the generator and filled gas cans. During the interview, the Owner was not able to provide a copy of the completed in-service fire watch plan or any documents showing that she was completing the required fire watch as directed by the local fire department. Further conversation with the Fire Marshal on at 1:45 PM, revealed due to the Owner's noncompliance and failure to complete fire watch paperwork, he is concerned for the residents' safety at the facility. Although the fire sprinklers are working, the fire panel would not	A 152		

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A 152	Continued From page 4 register to the fire department to come out to the facility if there was a fire, putting the residents in danger due to the fire panel not working. On [redacted] at 5:00 PM, an interview was conducted with the Owner who acknowledged the findings and decided to evacuate all the residents out of the facility to relocate with family and another local facility. She stated she will keep the residents out until she has a pass on the fire inspection. Class III	A 152		
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	CZ830		

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CZ830	Continued From page 5	CZ830		

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 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

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CZ830	Continued From page 6 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 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 its Comprehensive Emergency Management Plan (CEMP) has been submitted for review and approved annually by the Division of Emergency Management. The findings included: During an interview conducted with the Administrator on at 2:00 PM, the facility's CEMP approval letter and/or proof of most recent submission for review was requested by this surveyor. On the Administrator provided this surveyor with the last approval letter dated with an expiry date of . There was no proof available of submission for review of the CEMP by the Division of Emergency Management for 2021 or	CZ830		

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CZ830	Continued From page 7 2022. During an interview conducted on [redacted] at 3:12 PM, the Administrator confirmed the CEMP was last approved in 2021. She stated she had to make some corrections to get it approved. The Administrator was not able to find any documentation to show that the CEMP was in process and acknowledge the findings. Class III	CZ830		