

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/16/2022
NAME OF PROVIDER OR SUPPLIER THE ROSE GARDEN OF ORLANDO		STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837			
(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
{CZ830} SS=D	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. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	{CZ830}			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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{CZ830}	Continued From page 1 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. (4) . . . Licensees providing residential or inpatient services must utilize an online database	{CZ830}			

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{CZ830}	Continued From page 2 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: DEFICIENCY REMAINED UNCORRECTED Based on review of the facility's comprehensive emergency management plan (CEMP) and interview, the facility failed to submit its plan annually to its local emergency management agency. Findings: Review of the facility's CEMP revealed it was last approved by the emergency management agency on On at 9:11 A.M., the facility's owner said the plan had still not been submitted for review because the air conditioning (A/C) unit that ran off the generator to cool the dining room area in the event of a power outage was damaged during the last hurricane, which was hurricane Nicole that made landfall on The owner said the part to repair the A/C was ordered but would take three months to be delivered. The facility was first cited for not submitting its CEMP for review during a complaint investigation conducted on, which was prior to Class III	{CZ830}			
{A 000}	Initial Comments	{A 000}			

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{A 000}	Continued From page 3 A revisit to complaint investigations #2022014714 & 2022014755 and to a generator monitoring was conducted at The Rose Garden of Orlando on . The facility had uncorrected deficiencies at the time of the survey.	{A 000}		
{A 152} SS=D	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 height 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. (d) Residents who use portable bedside	{A 152}		

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{A 152}	Continued From page 4 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: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews and interviews, the facility failed to ensure repairs were made to sections of damaged soffit, to an awning located in an outside courtyard used by residents and to an air conditioning (A/C) unit. Findings: 1. On at 9:11 A.M., the facility's owner said the A/C unit that ran off the generator to cool the dining room area in the event of a power outage was damaged during the last hurricane, which was hurricane Nicole that made landfall on The owner said the part to repair the A/C was ordered but would take three months to be delivered. The owner provided a proposal for the repair from an HVAC company that was dated which the owner signed but did not date. On at 10 A.M., the representative from the HVAC company who submitted the proposal said that due to billing issues, the repair was on hold. He would not elaborate further. On at 11:55 A.M., the facility's owner said he did not know anything about a billing issue and thought only that the part was on order.	{A 152}		

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{A 152}	Continued From page 5 2. On _____ at 11 A.M., resident #12 was seen sitting in an outside courtyard. The fabric on the awning she sat under was torn and tattered, with fabric missing from portions of its frame. Sections of _____ soffit missing from the building were strewn about the courtyard. On _____ at 11:25 A.M., the facility's owner said both the soffit and the awning were damaged during either hurricane Ian (_____) or Nicole (_____), he could not recall which one. On _____ at 11:30 A.M., the facility's owner provided documentation to indicate a new awning was ordered on _____. When asked by the surveyor why the repairs were not done sooner, he replied "we had to figure out the best route to go". Class III	{A 152}			