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
	AL11965639	A. BUILDING: _____ B. WING _____	R 05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE ASSISTED LIVING RESIDENCE	8501 NW 38TH STREET CORAL SPRINGS, FL 33065

(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 Licensure Revisit survey was conducted on 05/10/2023 and concluded on 05/30/2023 at Unique Assisted Living Residence. The previously cited deficiency was found uncorrected at the time of the survey.	{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 interview and record review, the facility failed to ensure their Comprehensive Emergency Management Plan (CEMP) was submitted for approval to the local Emergency Management Division on an annual basis as required. The findings included: Prior to conducting the revisit survey on . . . . . , a review of the local County Emergency Management Division website at webapps6.broward.org revealed no evidence the facility had submitted their CEMP for annual review. The date on the website revealed the last CEMP approval was dated . . . . . with the expiration date being . This was the same information obtained by the survey team during a survey conducted at the facility on . . . . . . On . . . . . at approximately 12:15 PM, while on site in the facility, a staff member provided the most current letter from the local County Emergency Management Division which revealed the last time the CEMP was reviewed and approved was dated .	{CZ830}		

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{CZ830}	Continued From page 3 On at approximately 12:20 PM, a telephone interview was conducted with the facility Administrator who confirmed she did not have a current CEMP and went on to state she was working with a company to obtain it for her. An inquiry was made to the Administrator at this time why she needed a company to help her complete the process, to which she stated this was her first time completing it and she needed help. A further inquiry was made as to the name of the company, however the Administrator became very evasive and did not reply. She stated she would check with them because it has been too long, about 6 months. The Administrator was advised the facility is facing the potential for being recited for not having or submitting their CEMP for approval, which was what they were cited for in , to which she acknowledged the finding and ended the telephone conversation. On at 12:23 PM, a second telephone interview was conducted with the facility Administrator and an inquiry made if she had submitted their CEMP to the County for review. The Administrator stated 'Yes' it was submitted. A request was made to provide proof of submission. The Administrator provided her email address and stated she would email the confirmation receipt. No email confirmation was forthcoming. On at approximately 10:45 AM, a review of the local Emergency Management Division website at webapps6.broward.org was conducted revealing the latest CEMP approval from the County was dated with an expiration date of . There was no evidence the facility had submitted their CEMP for	{CZ830}		

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{CZ830}	Continued From page 4 review as was relayed in the telephone interview conducted with the Administrator on . On at 11:54 AM, an email with additional telephone contact information was sent to the facility Administrator requesting she forward proof of submission of their CEMP to the local Emergency Management Division for review by close of business on . As of at 5:00 PM, no correspondence via email or telephone confirmation was forthcoming from the Administrator providing proof of submission of the facility's CEMP having been sent to the local Emergency Management Division for review. The facility's CEMP remains expired as of . Class III	{CZ830}		