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
	AL11911596	A. BUILDING: _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS LIVING QUARTERS LLC	2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309

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A 000	Initial Comments An unannounced Change of Ownership (CHOW), Complaint (#2023007015, 2023007150, 2023006952, 2023002394) and Generator Monitoring survey was conducted on [redacted] at Oasis Living Quarters, LLC. The facility had deficiencies identified related to the Change of Ownership, Complaint (#2023002394) and Generator Monitoring at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative [redacted] examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of [redacted] testing materials satisfies the annual [redacted] examination requirement. An individual with a positive [redacted] test must submit a health care provider's statement that the individual does not constitute a risk of [redacted]. 2. If any staff member has, or is suspected of having, a communicable [redacted], such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

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A 078	Continued From page 1 provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility , to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation that Two (2) out of four (4) staff members had a statement in their	A 078		

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A 078	Continued From page 2 facility file from a healthcare provider documenting that they were free of . . . . . /Communicable . . . . . (Staff F and G). The findings included: Review of Staff Fs employee record revealed she was hired on and she provides direct resident care. Further review of the employee record revealed Staff F had no documentation of an annual . . . . . ( ), and one-time Communicable statement in her file. Review of Staff G's employee record revealed she was hired on . . . . . and she provides direct resident care. Further review of the employee record revealed Staff G had no documentation of an annual . ( ), and one-time Communicable . . . . . statement in her file. In an interview with the Administrator on at 3:43 PM, she was provided an opportunity to review the employee files for Staff F and G. She was unable to locate documentation that Staff F and G was free of /Communicable . . in their files. In an interview with the Administrator on at 4:35 PM a second request was for the documentation related Staff F and G's freedom from /Communicable . She stated Human Resources was not able to find the documentation, and that the Human Resource staff member is new. The Administrator stated she was aware the facility must ensure all direct care staff members have documentation they are free from /Communicable . within	A 078		

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A 078	Continued From page 3 30-days after beginning employment, and an annual statement from a healthcare provider. No documentation was provided during the Survey. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted	A 081		

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A 081	Continued From page 4 living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible]borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents.	A 081		

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A 081	Continued From page 5 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that Three (3) out of (four) 4 staff members (Staff C', F, and Staff G') had Preservice orientation documentation. The findings included: A record review conducted on . . . . . for Staff C's employee personnel record did not reveal the date of hire as a Medical Technician. Staff C has direct contact with residents as she provides direct care to residents. Further record review revealed no evidence of Preservice orientation. A record review conducted on . . . . . for Staff F, with a date of hire of as a Certified Nursing Assistant (CNA) revealed that Staff F' did not have the Preservice Orientation in her employee chart. A record review conducted on . . . . . for Staff G, with a date of hire of as a Certified Nursing Assistant (CNA) revealed that Staff G did not have the Preservice Orientation in her employee chart. In an interview conducted with the Administrator on at 4:35 PM, she stated that Staff C, F, and Staff G are required to have completed Preservice Orientation Training. She stated Human Resources was not able to find the documentation, and that the Human Resources staff member is new. No documentation was provided during the Survey.	A 081		

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A 081	Continued From page 7 Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on the interview and record review it was determined the facility failed to ensure that Two (2) out of Four (4) Staff employee records reviewed (Staff C and G) did not contain the required / training. The findings included: A review of Staff C's employee record did not reveal a date of hire. Staff C has direct contact residents as she provides care to residents. Further review revealed her record did not contain documentation of the required / training. A review of Staff G's employee record revealed a date of hire of and has direct contact resident's as she provides care to residents. Further review revealed no documentation of the	A 082		

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A 082	Continued From page 8 required / . . training. In an interview conducted with the Administrator on at 4:35 PM, she was provided an opportunity to review Staff C and G's facility records, and confirmed she could not locate documentation of & . . Training. She stated she started employment at the facility over a week ago and at this time it is what it is. Class III	A 082		
A 086	59A-36.011(10) FAC Training - ADRD (10) . . . . . AND RELATED . ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , . and , , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " . . . and Related Level I Training," must address the following subject areas: 1. Understanding 's and related . . . . . ;	A 086		

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A 086	Continued From page 9 2. Characteristics of . . . . . ; 3. Communicating with residents with 's . . . . . ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility . and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related . Level II Training must address the following subject areas as they apply to these . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with . 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.	A 086		

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A 086	Continued From page 10 (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching	A 086		

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A 086	Continued From page 11 experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three (3) of four (4) direct care staff had the required [redacted] 's [redacted] and Related Level II (ADRD) Training (Staff C, F, and G) Findings: A record review conducted on [redacted] for Staff C's employee personnel record did not reveal the date of hire as a Medical Technician. Staff C has direct contact with residents as she provides direct care to residents. Further record review revealed that she had not received the required 4 hours of [redacted] training within 9 months of hire. A record review was conducted on [redacted] for Staff F, with a hire date of [redacted] as a Certified Nursing Assistant (CNA) who provides direct care to residents revealed it did not contain evidence that she had received the required 4 hours of [redacted] training within 9 months of hire. A record review was conducted on [redacted] for Staff G, with a date of hire of [redacted] as a Certified Nursing Assistant (CNA) who provides direct care to residents revealed it did not contain evidence that she had received the required 4 hours of [redacted] training within 9 months of hire. During the interview with the Administrator, this	A 086		

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A 086	Continued From page 12 surveyor advised her that the documents were not in the file and provided an opportunity for the Administrator to review the files. No additional information was provided. On at 4:35 PM, the Surveyors met with the Administrator to discuss the findings of the Survey. She was informed that the required training for the Administrator Staff C, F, and G had not been completed. She acknowledged the findings. Class III	A 086		
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	A 152		

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A 152	Continued From page 13 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 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 Observation and Interview the facility failed to ensure that all existing mechanical, electrical and appurtenances are maintained in good working order. The findings Include: During observation of the facility's Memory Care Unit (MCU) on this Surveyor observed 16 residents engaged in activities in the activity section of the first floor. Observation of the thermostat located in the section/room indicated the temperature was 72 degrees Fahrenheit. In an interview with Staff C on at 10:47 AM she informed the Surveyor that the Residents are downstairs because the second floor what hot. During observation of the second floor of the facility's MCU on . . . . . , this Surveyor observed the temperature of the second floor to be warm. Temperature readings taken by this Surveyor using an thermometer revealed	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911596	A. BUILDING: _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 152	Continued From page 14 the following: 11:10 AM - The temperature was indicated to be 79.8 degrees by the sink/bookshelf located on the Northeast side of the building. 11:12 AM - The temperature in the sitting/activity/TV area of the second floor registered an temperature of 79.5 degrees Fahrenheit. At 11:12 AM - The temperature was indicated to be 79.3 degrees Fahrenheit by the sitting area located by the storage/laundry room of the MCU's second floor. At 11:14 AM the temperature was indicated to be 79.3 degrees Fahrenheit in the hallway located on the West side of the MCU second floor. Observation of the facility's thermostat located on the wall near the elevator at 11:16 AM revealed a temperature reading of 79 degrees Fahrenheit. In an interview with Staff H on at 3:17 PM regarding the MCU's Air Conditioning (AC) on the 2nd floor of the Memory Care Unit (MCU), he stated they are they are waiting on the part, which was supposed to come yesterday, and the repair technician is supposed to come today. He stated the AC was completely broken for about a week, but some repairs were done to achieve the current temperatures. He further stated the conditions observed today have been that way for a few days. Additional observations revealed the two (2) bathrooms located on the first floor of the MCU, where the Residents were having activities and meals, were out of order (not working) and a signage posted on the doors indicating such.	A 152		

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A 152	Continued From page 15 In an interview with Staff B on [redacted] at 10:57 AM, she informed the Surveyor that the bathrooms have been out of order for months. In an interview with the Maintenance Director on [redacted] at 3:21 PM he stated he was unable to provide the length of time the bathrooms were out of order, but that they were not working at the time of his hire a month previous to today. No additional information was given relative to an estimated time of repair. Observation by this Surveyor of Fire Extinguishers in the facility on [redacted] revealed the following (Photo evidence obtained): a) Fire Extinguisher by the Bistro/dining room on the first floor had an expiration date of [redacted]. b) Fire Extinguisher by the dining room in the Northeast section of the facility on the first floor had an expiration date of [redacted]. c) Fire Extinguisher in the hallway in the Northeast section of the facility's first floor had an expiration date of [redacted]. d) Fire Extinguishers (2) in the Northeast hallway of the 2nd floor had an expiration date of [redacted]. On [redacted] the Survey team met with the Administrator/ED and the Director of Nursing to conduct the Exit Conference. They were informed of the findings of the Survey. Class III	A 152		

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CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣␣␣, to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣␣␣ are enrolled in the Federal Bureau of Investigation's national retained print ␣␣␣ notification program. If the ␣␣␣ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣␣␣ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣␣␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ␣␣␣ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣␣␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

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

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CZ816	Continued From page 1	CZ816		

professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that two (2) of four (4) sampled staff members (Staff C and Staff F) had completed their Attestation of Compliance with Background Screening Requirements upon hire	CZ816		

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CZ816	Continued From page 3 to attest that they met the requirements to qualify for their employment. The findings included: A review of Staff C's employee personnel record did not reveal a date of hire as a Medical Technician. Staff C has direct contact with residents as she provides direct care to residents. Further review of the employee personnel record revealed no evidence of a completed Attestation of Compliance with Background Screening Requirements by the employee. A review of Staff F employee records reveals a date of hire on . . . . as a Certified Nursing Assistance on the 3:00 PM to 11:00 PM shift. Further review of the employee personnel record revealed no evidence of a completed Attestation of Compliance with Background Screening Requirements by the employee. In an interview conducted with the Administrator on . . . . . at 4:35 PM, she stated that Staff C and Staff F must have completed the Attestation of Compliance with Background Screening Requirements in their employee records. She stated that Human Resources was not able to find the documentation, and that the Human Resources staff member is new. No documentation was provided during the Survey. Unclassified	CZ816		
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	CZ830		

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CZ830	Continued From page 4	CZ830		

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 emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the

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CZ830	Continued From page 5 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 the agency regarding the provider's emergency status, planning, or operations.	CZ830		

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CZ830	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on Record Review, Interview and Observation, the facility failed submit/or timely submit their request for approval of the Comprehensive Emergency Management Plan (CEMP), and Emergency Environmental Control Plan following a change of ownership. The Findings Include: A review of the BILL OF SALE AND GENERAL ASSIGNMENT for the facility dated , , documented the effective date of sale to the facility (Oasis Living Quarters) as (photo evidence obtained). As such, the facility was required to submit their Comprehensive Emergency Management Plan (CEMP) within 30 days after the change of ownership. A review of the Local County Emergency Management Division's database on revealed no entries or information documenting the facility had been submitted their request for approval of their Comprehensive Emergency Management Plan (CEMP). During the Survey on the Administrator/Executive Director (Administrator) provided the Surveyors with a binder containing their Comprehensive Emergency Management Plan (CEMP), and letter from the local Emergency Management Division. A review of the letter revealed it was dated and was issued to the ownership, that was prior to the ownership, from whom the current ownership obtained the facility from. In an interview with the Administrator on at 2:54 PM, she stated the CEMP	CZ830		

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CZ830	Continued From page 7 information has not been updated from the previous ownership, that they will be using that Plan, and that they have submitted their CEMP request. A request for documentation of the CEMP submittal, and the Bill of Sale documenting the sale/purchase date from the previous ownership was requested. In the interview with the Administrator on at 2:54 PM, she further stated the Emergency Environmental Control Plan (EECP) has not been updated from the previous ownership, and that they have submitted their EECP request. A request for documentation of the EECP submittal was requested. In an interview with the Administrator and Director of Nursing (DON) on at 4:32 PM, the Administrator stated they could not find the CEMP or EECP information. No information was provided during the Survey. On the Survey team met with the Administrator/ED and the Director of Nursing to conduct the Exit Conference. They were informed of the findings of the Survey. They acknowledged the findings. Class III	CZ830		