

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965639	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER UNIQUE ASSISTED LIVING RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
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 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

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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: Based on record review and interview, the facility failed to ensure its Comprehensive Emergency Management Plan (CEMP) was submitted and approved by the Local County Emergency Management Division. The findings include: During the survey on _____ the Administrator provided this surveyor with a copy of a letter dated _____ from the Broward County Emergency Management Division that documented as follow: I, Broward County Healthcare Program Coordinator, am providing this correspondence to confirm that your facility, has been required to transition into our new County Electronic CEMP Portal system which went public started _____. We are aware of your existing approval status dates and have agreed to work with you to make your facility transition into the portal and completion of your review process as quick as possible. We do not foresee that you will have issues completing your review prior to the existing _____ approval date. You are being directed to work in the portal per instructions given during your workshop attendance on _____. 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 CEMP.	CZ830			

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STREET ADDRESS, CITY, STATE, ZIP CODE

UNIQUE ASSISTED LIVING RESIDENCE

**8501 NW 38TH STREET
CORAL SPRINGS, FL 33065**

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CZ830	Continued From page 3 During an interview on _____ at 10:58 AM with the Administrator via telephone, this surveyor informed the administrator to provide the last CEMP letter and/or proof of submission status. The Administrator stated, at this time she does not have a copy of the last CEMP letter readily available for the survey. During an interview on _____ at 11:27 AM with the Administrator via telephone, she stated she was not able to provide CEMP submission/approval status documentation. She acknowledged the findings. No additional information was provided during the Survey. Class III	CZ830		

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A 000	Initial Comments An unannounced Generator Monitoring survey was conducted on 09/04/2024 at Unique Assisted Living Residence. The facility had a deficiency identified at the time of the survey. Note: The Generator Monitoring survey was conducted in conjunction with the Revisit to the Relicensure survey on the same date. Please see separate report for findings.	A 000		

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