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
	AL11965503	A. BUILDING: _____ B. WING _____	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESIDENTIAL PLACE	3880 SOUTH CIRCLE DRIVE HOLLYWOOD, FL 33021

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to update their Background Screening Employee Roster (Roster) within five (5) business days of employment for, 1 out of 1 Administrator's file reviewed (Administrator/the Interim Executive Director, Staff A). The facility also failed to end the employment status of the previous Administrator (Staff O) upon separation of employment. The findings include: During an interview on at 2:30 PM, with the Interim Executive Director/Administrator(Staff A), he identified himself as the Interim Administrator. Staff A was observed by this surveyor, interacting with staff and Residents throughout the day. A review of the facility's Background Screening Employee Roster (Roster) on by the	CZ814		

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CZ814	Continued From page 2 surveyor, revealed the Interim Administrator (Staff A) was not listed on their roster. The review also revealed the previous Administrator (Staff O) whose employment ended in , was still listed as the Administrator. On at 3:15 PM during an interview with the Interim Administrator, he stated that the facility currently does not have an (permanent) Administrator, and that he has been the Interim Administrator since . The Interim Administrator was informed of the findings, to which he acknowledged and stated that the facility had not updated his employment status of Interim Administrator. Unclassified	CZ814		
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	CZ830		

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CZ830	Continued From page 3	CZ830		

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 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

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CZ830	Continued From page 4 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure timely submission of their Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Division for review and approval annually. The findings include: A review of the facility's Comprehensive Emergency Management Plan (CEMP) binder on . . . . . revealed the facility's CEMP approval letter dated from the local County Emergency Management Division. The letter documented the Plan was granted approval	CZ830		

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CZ830	Continued From page 5 through [illegible]. Further review of the CEMP binder revealed there was no evidence of a current submission review or a letter of approval from the local County Emergency Management Division. In an interview on at 11:53 AM with the Operations Section Manager from the local County Emergency Management Division, she stated the last CEMP approval for the facility was in [illegible], and the facility has not submitted a renewal request since the approved submittal in [illegible]. In an interview with the Interim Executive Director, Staff A on at 6:38 PM, he was informed that the facility's CEMP had expired, and no renewal submitted to the local County Emergency Management Division. He acknowledged the findings. Class III	CZ830		

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A 000	Initial Comments An unannounced Complaint survey (#2024010050) was commenced on . . . . and concluded on . The facility had deficiencies identified at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide supervision as appropriate for each Resident during an emergency for 77 resident (Residents #). The facility also was without the direction and supervision of an Administrator or Designee during an emergency, where the facility had a power outage, the facility's fixed generator did not work and the facility's Air Conditioner (A/C) was not fully functioning to keep the facility below 81 degree's Fahrenheit(F). The Findings Included: A review of the facility's Comprehensive	A 025		

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A 025	Continued From page 2 Emergency Management Plan (CEMP) binder on revealed the facility's Emergency Environmental Control Plan (EECP) WAS dated . A review of the EECP revealed the following: If power outage is , to last three hours or more staff will be assigned to temperature watch with directives to round every 2 hours check thermostats and monitor temperatures. No additional emergency plan documentation was provided during the survey. On a review of the Presidential Place Assisted Living Residency Agreement dated was conducted. The review did not reveal language relative to the supervision, oversight, general awareness of monitoring of Residents (copy obtained). No additional documentation related to the facility's supervision policies/or procedures were provided during the survey. On the Agency for Health Care Administration (AHCA) received an anonymous call stating the facility had lost electrical power on , and that the facility's Air Conditioner (AC) has been out for the past 3 days. The caller stated something has been wrong with the electrical panel for months, the facility was hot, and staff and residents are passing out. The caller also stated there are Residents that have been sent to the hospital due to extreme heat. On at approximately 12:30 PM, survey staff began arriving at the facility. Upon arrival, observation was made of the Chief of the local Emergency Management Services ( ) as well as paramedics onsite taking temperatures of the facility and residents, ensuring proper hydration, and assessing the residents.	A 025		

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A 025	Continued From page 3 On at 12:38 PM the surveyor asked the Receptionist, Staff N, if there was an administrator or someone in charge of the facility present, and she stated, no, and went to get the Business Office Manager. On at 12:48 PM during an interview with the Business Office Manager (BOM), Staff C, a request was made for all the facility's Policy & Procedures, specifically as it related to supervision. None were made available at that time for review. On at 12:51 PM, the surveyor asked the Business Office Manager (BOM), Staff C who the Assistant Administrator is, or who the person in charge was in the absence of the interim Executive Director (ED), and she stated, "No one". On at 2:12 PM additional surveyors arrived at the facility and observed the Emergency Medical Services ( ) placing a resident into the vehicle for transport. Observation by the surveyors revealed the facility was extremely hot and unorganized, and staff's interactions suggested they were unsure of what should be done. Observation was also made of the Local City Fire Rescue, Local City Fire Inspector, Public Works and Department of Health (DOH) staff were onsite. Observation revealed that hydration and assistance was being provided to the residents. At the time of survey, the facility had 15 Residents (Resident#1-#14 and #20) who were receiving Hospice care and required continued monitoring and supervision during the emergency to help prevent hydration, heat , and/or other related conditions.	A 025		

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A 025	Continued From page 4 Observations by the surveyors on between 12:30 PM and 3:30 PM revealed the facility staff members did not start monitoring the residents and checking their body temperatures until Local County Emergency Management and Emergency Medical Services ( ) intervened and began providing temperature checks and hydration. During an interview on at approximately 4:30 PM with Staff E (Director of Health Services), the surveyor asked what care and services was provided for the residents (during the emergency/loss of power/loss of A/C), and if temperature checks were performed by the facility's caregivers. She stated there were no residents in distress at the time and there were no temperature checks during the period of the power and A/C outage occurred on at approximately 2:45 AM until 1:00 PM (a period of 10 hours, 15 minutes). The surveyor asked if the residents were offered water following the loss of power on to keep them ; and/or if there were hydration stations in the common areas where residents congregated during the time of the power outage in the facility on , and she stated, "No". In an interview with the Director of Health Services, Staff E on at 11:02 AM, she stated there were no documented temperatures taken of the Residents after the onset of the power failure, or to date. A review of Staff E's Position Description documented she is responsible for responding to the needs of residents and functions in the role of director of all nursing responsibilities for the community. She is responsible for providing emergency intervention to residents to facilitate the resident's wellbeing. Staff E failed to ensure residents exposed to	A 025		

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A 025	Continued From page 5 extreme heat were properly assessed/monitored. On . . . . . at 1:05 PM Local City Officials, Local County Emergency Management ( ), Department of Health (DOH) and Agency for Health Care Administration (AHCA) surveyors met in a small conference room to gather information (who is in charge, where is the CEMP and/or EECP, possible evacuation, how to get the Generator working, assess the residents and possible evacuation of residents to a local sister facility. Also, discussed was the possibility of adding more help (. . . volunteers) to keep residents , and checks on residents wellbeing. This meeting was established by local officials due to the absence of the Administrator/or Designee, and the lack of intervention by the facility to safely preserve the wellbeing of the residents during this emergency. On . . . . . at 2:48 PM a meeting was conducted with Local City officials, Local City . , Local Fire rescue, Local Police Department, DOH, and AHCA surveyors as no facility staff was available/or able to provide the oversight, monitoring and supervision of the 77 residents, which included 10 Hospice Residents being monitored by Hospice staff. These 10 hospice residents were deemed . . . . . by the local City Fire Department and removed from the Memory Care Unit (MCU). There were Five (5) additional residents residing in the non-Memory Care Units and they were deemed . . . . . during the emergency. There were a total of 15 hospice residents admitted to the facility. In the absence of an Administrator or Designee, the Local City Fire Chief provided the coordination of residents needs and outlined an emergency plan (evacuation) that could be executed if needed. The lead Surveyor	A 025		

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A 025	Continued From page 6 telephoned the Area Office Field Office Manager (FOM), who joined the meeting via telephone. Logistics and transportation were discussed during this time. Further observations in the Memory Care Unit (MCU) on [redacted] between 3:30 PM - 6:11 PM revealed residents that required extra levels of care to include Hospice services, administration of [redacted], residents that were [redacted] and residents with other physical conditions requiring assistance with activities of daily living were still at the facility on [redacted] during the power and A/C outage for approximately 24-hours. Arising from the meetings conducted by county, city and state personnel on [redacted] at 2:48 PM, several plans of action were developed to ensure the health and safety of the residents to include plans to remain at facility with cool zones, evacuate some residents to a sister facility ALF, to evacuate Residents to a local County Community Center and to send the residents to local hospitals for monitoring. Each of the plans/logistics were developed and supervised by non-facility personnel as the facility was not under the direct/or indirect supervision of an Administrator or Designee at that time. On [redacted] between 4:30 PM - 5:30 PM, (24) residents were evacuated to the sister facility ALF located in Aventura, Florida. On [redacted], at unknown times, (20) residents were sent to (6) local hospitals for monitoring to ensure there was no deterioration in their health status. A tour of the facility on [redacted] revealed, [redacted] temperatures that were observed/recorded by the surveyors of several	A 025		

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A 025	Continued From page 7 resident rooms and common areas of the facility (using the Fisherbrand Traceable Hypermeter w/Dew Point thermometer) as follows: " Temperatures in the Main Dining Room located on the East side of the First floor, were observed and recorded in Fahrenheit measurements as follows: 85 degrees at 5:16PM, 91.4 degrees at 6:11 PM and 88.5 at 6:30 PM. " 5:16 PM: First floor TV/Common area outside of cafeteria: 82 degrees F. " 5:20 PM: Memory Care Unit MCU- Hallway entrance: 80 degrees F. " 5:20 PM: MCU Dining degrees F. " 5:23 PM: Second floor common area near the stairs: 84 degrees F. " 5:23 PM: Second floor common area/west side: 87 degrees F. " 5:33 PM: (occupied) 87 degrees F. " 5:35 PM: (occupied) 88 degrees F. " 5:37 PM: (occupied) 87.6 F. " 5:39 PM: Hallway outside : 87.6 degrees F. " 5:41 PM: .6 degrees F. " 5:42 PM: Common area outside of directly under AC vent: 87.4 Degrees F. " 5:48 PM: : 86.3F Degrees F. " 5:48 PM: First floor stair well near exit/common area: 86.3 degrees F. " 5:48 PM: - First Floor: 86.1 degrees F. " 5:49 PM: Memory Care Unit first floor (Northeast section): 85.2 Degrees. " 5:51 PM: Dining room (1st floor): 85.1 Degrees F. " 5:52 PM: : 85 Degrees F. " 5:52 PM: : 84.9 Degrees F. " 5:56 PM: MCU (MCU): Hospice	A 025		

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A 025	Continued From page 8 Resident, Room temperature of 84 F. " 5:57 PM: MCU Hallway/common area outside [redacted]-116: 84.5 Degrees F. " 6:01 PM: MCU Common area near dining room: 84.4 Degrees F. " 6:11 PM: Internal temperature reached a high of 91 degrees F on [redacted] 1st floor dining room. Class I	A 025		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline	A 030		

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A 030	Continued From page 9 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . ., neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone	A 030		

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calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.

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(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . . . ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for

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relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the

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A 030	Continued From page 13 complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure Resident's rights were maintained by failing to maintain a safe living environment; and neglecting to timely implement safety procedures	A 030		

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A 030	Continued From page 14 (i.e. hydration carts/stations, resident temperature monitoring and possible evacuation of resident), for 77 Residents (Residents #1-#77) following an emergency where the facility had a power outage, the facility's fixed generator did not work and the facility's Air Conditioner (A/C) was not fully functioning to keep the facility below 81 degree's Fahrenheit(F). The Findings Included: A review of the facility's Resident Agreement dated [redacted] documented the following: -Staff members will provide assistance in emergency situations. -The Community will provide observation, assessment, monitoring. Needs Monitoring: -Monitoring of your needs, monitoring will include your physical, functional, and [redacted] status to detect changes and facilitate intervention. Examples of health monitoring may include, but are not limited to, assessment of unsteady gait, [redacted], and other similar conditions. On beginning at 12:30 PM, the surveyors began to arrive at the facility. Immediately upon entering the facility the surveyors began to sweat profusely due to the inside temperature of the building. The facility was observed to very chaotic at the time of entry to the facility. Observations by the surveyors on between 12:30 PM to 2:15 PM revealed, that there was no Administrator or Designee in the facility to ensure the safety and welfare of the residents. Observation also revealed that the	A 030		

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A 030	Continued From page 15 temperature in the building was extremely hot (exceeding 90 degrees Fahrenheit), placing . . . . . residents at risk of heat exhaustion, , . . and possible heat . In an interview with Staff C, Business Office Manager on . . . . . at 12:45 PM, she stated the facility had no Administrator or Designee to deal with the problems of the Air Conditioner (A/C) not running due to the loss of power, or the generator failing to engage and ensure the continuation of power on . As a result of the loss of electrical power, and no generator backup, temperatures exceeded 81 degrees Fahrenheit, which did not allow residents the right to remain in their rooms/facility due to the unsafe conditions. On . . at 12:47 PM, a request was made to Staff C, Business Office Manager for the facility's policy and procedures related to Resident Rights, which included their right to care and services and a safe environment. She stated, the facility didn't have a policy on at this time. No documentation was provided during the survey for review. On at 1:13 PM, a request was made to Staff E, the Director of Health Services for the current Resident Census, which was provided. A review of the facility's census provided to the surveyors on revealed, approximately 77 residents were residing in the facility. Further review of the document also revealed there were 23 residents in the Memory Care Unit (MCU) with diagnoses of 's, or related . . . . . In addition, there were 15 residents that required special services such as , , , crisis care (24-hour nurse) were bed bound, needed care and care.	A 030		

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A 030	Continued From page 16 Observations on between 12:30 PM and 5:00 PM revealed, the scene in the facility was very chaotic with numerous city, county, state and other entity officials present. The surveyors also observed approximately 40 residents who had the appearance of being in a state of distress. Resident were observed extremely upset, [redacted], fanning themselves, asking questions regarding what was occurring due to the rapid removal of them from their rooms to the common areas and the large volume of city officials and first responders within the facility. Observations also revealed residents being transported by bus to a local restaurant for an undetermined period of time due to the extreme heat temperatures in the facility. Observation also revealed Residents had not returned at the time the surveyors left the facility at 7:30 PM. Observation by the survey team on [redacted] between 12:30 PM - 7:30 PM revealed, family members arriving at the facility who had the appearance of being in a state of disarray, unaware of the conditions present at the facility. Further observation revealed oncoming staff and third-party service providers who were and upset as facility staff were not able to provide them with any answers related to the care of the Residents. Observation by the surveyor on between 12:30 PM - 7:30 PM revealed a team of Fire Rescue and Emergency Medical Services ([redacted]) members from local entities assisting residents in the common areas, keeping residents [redacted], safe and cool due to the unsafe conditions that were present. Facility staff were directed by to check the resident's body temperatures (to prevent heat exhaustion)	A 030		

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A 030	Continued From page 17 as they had not done so prior to being instructed to check the residents body temperatures. A review of the facility's Director of Health Services job description dated . . . . . revealed, he/she is responsible for responding to needs of residents, functions in the role of Director of all nursing responsibilities for the Community. Responsible for providing emergency intervention to residents to facilitate the residents' well-being. Plans, organizes, develops, directs and evaluates the nursing service operation ensuring the highest degree of quality patient care. Ensures adherence to all applicable federal, state and local standards, and promotes regulatory compliance. It further documented that the Director of Health Services is responsible for providing interventions to respond to emergencies and concerns and contacting family emergency contacts as required. During an interview with Staff B, the Director of Memory Care on . . . . . at approximately 1:00 PM, she stated, she arrived at the facility at approximately 8:15 AM on . . . . . , the day of the power outage. She stated, she did not call the MCU Residents family members to inform them of the facility's power outage. She also stated, they didn't contact Third-party providers. The surveyor asked Staff B, Director of Memory Care if she followed protocol and/or facility Policy and procedures during the power outage and the A/C unit not working at full capacity and she stated she doesn't have any protocol and/or facility Policy and procedures. Further interview with Staff B, this surveyor requested a log of the residents' body temperatures taken since the power outage started on . . . . . . Staff B stated she was not able to provide documentation to support the	A 030		

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A 030	Continued From page 18 residents' body temperature assessed during the power/AC outage. Review of the facility's Director of Memory Care job description dated documented, the Director of Memory Care is responsible for the planning and directing a wide and varied scope of activities and environmental needs of the residents. It also documented the position reports all incidents/accidents immediately, Reports all unsafe/hazardous conditions with equipment immediately, Assures the established safety regulations are followed at all times, Recognizes unsafe conditions and takes action or reports conditions to the supervisor. As a result of the facility's failing in its responsibility of providing emergency intervention to residents to ensure the residents' well-being by immediately checking Resident temperatures and provide hydration when the temperature inside the facility exceeded 90 degrees Fahrenheit(F), Residents were at risk of , heat exhaustion and heat . The resident's safety and well-being were neglected due to the lack of intervention by the facility's staff and Interim Administrator on the day of the emergency which resulted in the power outage. Arising from the meetings conducted by county, city and state personnel on AT 2:48 PM, several plans of action were developed to ensure the health and safety of the residents to include plans to remain at facility with cool zones, evacuate some residents to a sister facility ALF, to evacuate Residents to a local County Community Center and to send the residents to local hospitals for monitoring. Each of the plans/logistics were developed and supervised by non-facility personnel as the facility	A 030		

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A 030	Continued From page 19 was not under the direct/or indirect supervision of an Administrator or Designee at that time. On between 4:30 PM - 5:30 PM, (24) residents were evacuated to the sister facility ALF located in Aventura, Florida. On , at unknown times, (20) residents were sent to (6) local hospitals for monitoring to ensure there was no deterioration in their health status. A tour of the facility on revealed, temperatures that were observed/recorded by the surveyors of several resident rooms and common areas of the facility (using the Fisherbrand Traceable Hypermeter w/Dew Point thermometer) as follows: " Temperatures in the Main Dining Room located on the East side of the First floor, were observed and recorded in Fahrenheit measurements as follows: 85 degrees at 5:16PM, 91.4 degrees at 6:11 PM and 88.5 at 6:30 PM. " 5:16 PM: First floor TV/Common area outside of cafeteria: 82 degrees F. " 5:20 PM: Memory Care Unit MCU- Hallway entrance: 80 degrees F. " 5:20 PM: MCU Dining degrees F. " 5:23 PM: Second floor common area near the stairs: 84 degrees F. " 5:23 PM: Second floor common area/west side: 87 degrees F. " 5:33 PM: (occupied) 87 degrees F. " 5:35 PM: (occupied) 88 degrees F. " 5:37 PM: (occupied) 87.6 F. " 5:39 PM: Hallway outside , , : 87.6 degrees F. " 5:41 PM: .6 degrees F. " 5:42 PM: Common area outside of	A 030		

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A 030	Continued From page 20 directly under AC vent: 87.4 Degrees F. " 5:48 PM: : 86.3F Degrees F. " 5:48 PM: First floor stair well near exit/common area: 86.3 degrees F. " 5:48 PM: - First Floor: 86.1 degrees F. " 5:49 PM: Memory Care Unit first floor (Northeast section): 85.2 Degrees. " 5:51 PM: Dining room (1st floor): 85.1 Degrees F. " 5:52 PM: : 85 Degrees F. " 5:52 PM: : 84.9 Degrees F. " 5:56 PM: MCU (MCU): Hospice Resident, Room temperature of 84 F. " 5:57 PM: MCU Hallway/common area outside -116: 84.5 Degrees F. " 6:01 PM: MCU Common area near dining room: 84.4 Degrees F. " 6:11 PM: Internal temperature reached a high of 91 degrees F on 1st floor dining room. Class I	A 030		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.	A 077		

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
	AL11965503	A. BUILDING: _____ B. WING _____	07/30/2024

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A 077	Continued From page 21 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the	A 077		

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A 077	Continued From page 22 competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the . . . . . of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test	A 077		

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A 077	Continued From page 23 requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that it was under the supervision of an administrator who was responsible for the operation and maintenance of the facility for 77 Residents. The facility also failed to notify the Agency following a change in their Administrator. The facility also was without the direction and supervision of an Administrator or Designee during an emergency, where the facility had a power outage, the facility's fixed generator did not work and the facility's Air Conditioner (A/C) was not fully functioning to keep the facility below 81 degree's Fahrenheit(F). The Findings Included:	A 077		

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A 077	Continued From page 24 A review of the Assisted Living Residency Agreement dated . . . . . documented in Section 6: ADMINISTRATIVE SERVICES: The Executive Director is responsible for the overall on-site operation of the Community, including budgeting, marketing, and personnel administration. No additional responsibilities were observed in the document. On . . . . . at approximately 12:30 PM, the Agency for Health Care Administration (AHCA) surveyors begin arriving at the facility. Upon arrival, observation was made of the Chief of the local Emergency Management Services (. . . .) as well as paramedics onsite taking temperatures in the facility and facility residents, ensuring proper hydration, and assessing the residents. Upon entering that facility on . . . . . at approximately 12:30 PM the surveyors observed a chaotic scene with Residents fanning themselves due to the extreme temperatures inside the facility, which also had the surveyors sweating profusely. The surveyors were further informed during the interview on at 12:31 PM that the facility currently does not have an Administrator. And that the facility is currently under the management of an interim Executive Director/Administrator, Staff A since , , ... Further, Staff A resides primarily in Texas. However, the agency was not notified regarding the absence of an Administrator until . . . . . . In an interview with the Business Office Manager (Staff C) on at 12:32 PM she stated the interim Executive Director (ED) was not available and was flying in from Texas to come to the facility. The lead surveyor then asked to speak with the person in charge during his/her	A 077		

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A 077	Continued From page 25 absence. The Business Office Manager informed the surveyor that no one was in charge, they just work as a Team. On . . . . . at 12:38 PM, the lead AHCA surveyor asked the Receptionist, Staff N, if there was an administrator or someone in charge of the facility present, and she stated, no, and went to get the Business Office Manager. A review of the Business Office Manager II Job Description dated documented, the position shall Act as Manager on Duty as directed by the Executive Director (ED). In an interview with the Director of Health Services, Staff E on . . . . . at 12:40 PM, the surveyor asked if she was in charge of the facility, and she stated, no. A review of the Director of Health Services Job Description dated documented, the position shall Act as Manager on Duty as directed by the Executive Director (ED). On between 12:30 PM - 5:12 PM it was observed by the surveyors that the facility had no Administrator, or staff member who stated they were in charge or assumed the role of being in charge to handle the facility's power outage, generator failure, and A/C outage. Due to the absence of the Administrator and Designee, emergency responders, city officials and AHCA staff met to discuss, plan and implement an emergency plan to ensure the safety and well-being of the residents. On at 12:48 PM a request was made to the Business Office Manager, Staff C, whose job description documented her position is in	A 077		

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A 077	Continued From page 26 charge in the absence of the ED, for the facility's Policy & Procedures to identify the facility's order, scope, responsibility and delegation of authority. She informed the surveyors that the facility did not have any Policies and Procedures. On . . . . . at 1:05 PM, the Local City Fire Department, Local City officials, Local Emergency Management Division, Department of Health (DOH) and AHCA surveyors met in the facility's small conference room to gather information, plan and organize possible evacuation of residents to a local sister facility as the facility had no one present who was in charge. No facility staff was present during the meeting. On . . . . . at 2:48 PM a follow-up meeting was conducted at the facility with Local City officials (Emergency Management Services (. . .), Fire rescue, DOH, Police Department, and AHCA surveyors). In the absence of an Administrator or Designee, the Local City Fire Chief oversaw the coordination of the meeting and outlined an emergency plan (evacuation) that could be executed if needed. The local Area Office Field Office Manager (FOM) joined the meeting via telephone. Logistics and transportation were discussed during this time. On . . . . . at approximately 2:55 PM observation made of oncoming staff (3:00 PM - 11:00 PM shift), and Third-Party Services providers suggested they were . . . . . and upset as they had not been made aware of the conditions present in the facility. Nor did they have a sense of direction as there was no Administrator (or their Designee) in charge of the facility to provide them direction. On . . . . . at 3:12 PM a second request was	A 077		

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A 077	Continued From page 27 made to the Business Office Manager, Staff C for the Facility's policy and procedures. No policy and procedures were provided at that time. In an interview with the Business Office Manager, Staff C on at 4:07 PM she stated the interim Executive Director, Staff A started on , , and was out town on vacation in Texas, but was aware of the power outage. On at approximately 5:12 PM the Interim Executive Director (ED) arrived at the facility from Texas and was informed of the emergencies that had occurred during his absence (power outage, AC outage, generator failure, etc.). The facility has been under the management of the interim executive director who primarily resides in Texas since , , . However, AHCA was not notified regarding the absence of an Administrator until . On between 4:30 PM - 5:30 PM, (24) residents were evacuated to the sister facility ALF located in Aventura, Florida. On , at unknown times, (20) residents were sent to (6) local hospitals for monitoring to ensure there was no deterioration in their health status. A tour of the facility on revealed, temperatures that were observed/recorded by the surveyors of several resident rooms and common areas of the facility (using the Fisherbrand Traceable Hypermeter w/Dew Point thermometer) as follows: " Temperatures in the Main Dining Room located on the East side of the First floor, were observed and recorded in Fahrenheit measurements as follows: 85 degrees at 5:16PM, 91.4 degrees at 6:11 PM and 88.5 at 6:30 PM.	A 077		

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A 077	Continued From page 28 " 5:16 PM: First floor TV/Common area outside of cafeteria: 82 degrees F. " 5:20 PM: Memory Care Unit MCU- Hallway entrance: 80 degrees F. " 5:20 PM: MCU Dining [illegible] degrees F. " 5:23 PM: Second floor common area near the stairs: 84 degrees F. " 5:23 PM: Second floor common area/west side: 87 degrees F. " 5:33 PM: (occupied) 87 degrees F. " 5:35 PM: (occupied) 88 degrees F. " 5:37 PM: (occupied) 87.6 F. " 5:39 PM: Hallway outside [illegible] : 87.6 degrees F. " 5:41 PM: [illegible].6 degrees F. " 5:42 PM: Common area outside of directly under AC vent: 87.4 Degrees F. " 5:48 PM: [illegible] : 86.3F Degrees F. " 5:48 PM: First floor stair well near exit/common area: 86.3 degrees F. " 5:48 PM: [illegible].- First Floor: 86.1 degrees F. " 5:49 PM: Memory Care Unit first floor (Northeast section): 85.2 Degrees. " 5:51 PM: Dining room (1st floor): 85.1 Degrees F. " 5:52 PM: [illegible]: 85 Degrees F. " 5:52 PM: [illegible]: 84.9 Degrees F. " 5:56 PM: MCU [illegible] (MCU): Hospice Resident, Room temperature of 84 F. " 5:57 PM: MCU Hallway/common area outside -116: 84.5 Degrees F. " 6:01 PM: MCU Common area near dining room: 84.4 Degrees F. " 6:11 PM: Internal temperature reached a high of 91 degrees F on 1st floor dining room. In an interview with the interim Executive Director	A 077		

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A 077	Continued From page 29 (ED) on [redacted] at 2:30 PM he informed the surveyor that he has been the acting ED since [redacted], after the previous ED's employment ended in [redacted]. And that he is at the facility temporarily until the new Executive Director is hired. He also stated he had not had CORE training and was unfamiliar with such. In an interview with the Executive Director on [redacted] at 5:30 PM he was asked who was in charge during his absence. He stated the Business Office Manager is not officially in charge on paper. In a previous interview with the Business Office Manager, Staff C on [redacted] she stated, no one was in charge, they just work as a Team. Because the facility was without an Administrator/ED or Designee in charge, the facility was left without supervision and/or an appointed acting Manager during the Executive Director's absence. During which time, the facility experienced an electrical power outage which resulted in the Air Conditioner (AC) not working. As a result of the failure, Residents were exposed to extreme heat which no direct staff was able to address as there were no Administrator or Designee to provide management, direction and supervision of facility's staff. As a result, the care and service needs of the Residents had to be planned, coordinated and implemented by non-facility employees. Class I	A 077		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS.	A 152		

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A 152	Continued From page 30 (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. (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, interview and record review, the facility failed to ensure that that all	A 152		

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A 152	Continued From page 31 mechanical and electrical systems were properly maintained in good working order. The facility also failed to timely repair/or replace mechanical/or electrical issues identified as potentially failing until after they . . . . . The facility also was without the direction and supervision of an Administrator or Designee during an emergency, where the facility had a power outage, the facility's fixed generator did not work and the facility's Air Conditioner (A/C) was not fully functioning to keep the facility below 81 degree's Fahrenheit(F). The Findings Include: A review of the Presidential Place Assisted Living Agreement dated . . . . . revealed in Chapter 3 under Electrical Power Outage: In the event of an electrical power outage, we recommend you stay in your residence. Know the location of your flashlight and battery-operated radio. Follow staff instructions. If the power will be out for more than three hours the building staff will be in contact with residents to make arrangements. The Community has an emergency generator. A review of the Department of Health (DOH) Inspection Report dated at 12:00 PM documented a temperature in the Memory Care Unit (MCU) lobby of 82F. It also documented that the City has identified the part needed for repairs (for the Air Conditioner that was not working). A violation notice was issued as the AC was observed to be in disrepair and not working throughout facility. A review of the Local City Fire Rescue & Beach Safety Department Reinspection Report dated documented the facility was found in violation for not having their Emergency	A 152		

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A 152	Continued From page 32 Generator Verification. It documented that Standy generators used for emergency or legally required standby power shall be tested and maintained as per National Fire Protection Association (NFPA) 110. The facility must submit most recent copy of annual certification report to Fire Marshal's Office. They were given a due date of to submit the documentation (copy obtained). Review of the Local City Fire Rescue & Beach Safety Department Reinspection Report dated documented also documented that at the time of inspection on no documentation of generator testing or a generator log was provided, and the deficiency was still pending. It further documented that at the time of inspection ( ) there was no documentation or generator certification provided (copy obtained). In an interview with the Assistant Maintenance Director, Staff G on at 5:06 PM, he stated the facility experienced a power outage on that affected the entire 3-story building, resulting in their being no electrical power throughout the building. In addition, the facility's generator failed to engage and provide alternative power as a result of previously identified problems not being corrected. The facility did not regain any form of electrical power until 1:00 PM on when the electricity from the company providing it was restored. As a result of the power outage, the facility experienced of several mechanical apparatuses (i.e. Generator, Air-Conditioner (AC), Water Tower/coolers) which affected all seventy-seven (77) residents during the outage. On between 4:30 PM - 5:30 PM, (24)	A 152		

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A 152	Continued From page 33 residents were evacuated to the sister facility ALF located in Aventura, Florida. On , at unknown times, (20) residents were sent to (6) local hospitals for monitoring to ensure there was no deterioration in their health status. A tour of the facility on revealed, temperatures that were observed/recorded by the surveyors of several resident rooms and common areas of the facility (using the Fisherbrand Traceable Hypermeter w/Dew Point thermometer) as follows: " Temperatures in the Main Dining Room located on the East side of the First floor, were observed and recorded in Fahrenheit measurements as follows: 85 degrees at 5:16PM, 91.4 degrees at 6:11 PM and 88.5 at 6:30 PM. " 5:16 PM: First floor TV/Common area outside of cafeteria: 82 degrees F. " 5:20 PM: Memory Care Unit MCU- Hallway entrance: 80 degrees F. " 5:20 PM: MCU Dining degrees F. " 5:23 PM: Second floor common area near the stairs: 84 degrees F. " 5:23 PM: Second floor common area/west side: 87 degrees F. " 5:33 PM: (occupied) 87 degrees F. " 5:35 PM: (occupied) 88 degrees F. " 5:37 PM: (occupied) 87.6 F. " 5:39 PM: Hallway outside , : 87.6 degrees F. " 5:41 PM: .6 degrees F. " 5:42 PM: Common area outside of directly under AC vent: 87.4 Degrees F. " 5:48 PM: : 86.3F Degrees F. " 5:48 PM: First floor stair well near exit/common area: 86.3 degrees F.	A 152		

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	AL11965503	A. BUILDING: _____ B. WING _____	07/30/2024

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A 152	Continued From page 34 " 5:48 PM: - First Floor: 86.1 degrees F. " 5:49 PM: Memory Care Unit first floor (Northeast section): 85.2 Degrees. " 5:51 PM: Dining room (1st floor): 85.1 Degrees F. " 5:52 PM: : 85 Degrees F. " 5:52 PM: : 84.9 Degrees F. " 5:56 PM: MCU (MCU): Hospice Resident, Room temperature of 84 F. " 5:57 PM: MCU Hallway/common area outside -116: 84.5 Degrees F. " 6:01 PM: MCU Common area near dining room: 84.4 Degrees F. " 6:11 PM: Internal temperature reached a high of 91 degrees F on 1st floor dining room. A review of the Department of Health (DOH) Inspection Report dated beginning at 9:45 AM, documented an interview with the Interim Executive Director/Operations that no timetable for completion of AC repairs had been provided. Notice of violation remains in effect. In an interview with the Assistant Maintenance Director, Staff G on at 9:53 AM, he stated to the surveyor that they had a problem with one of the water towers that helps cool the Air Conditioner (AC) because the pumps that power it went out. He stated there was a power surge on (no time provided) that knocked out the transfer switch on the generator, so it did not engage and is now offline. He further stated he came in later that day on , a (to the generator) was done around 1:00 PM. On at 2:41 PM, in an interview with the Administrator, Staff A, he stated the AC hasn't	A 152		

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A 152	Continued From page 35 been fully repaired but is operating and cooling under its current status. He stated that the parts have been ordered for the generator and they are still waiting for them to arrive. He stated he didn't know if he had documentation but would look for any documentation. None was provided during the survey. In an interview on . . . . . at 3:36 PM with the Assistant Maintenance Director, Staff G, he stated they had two separate events. He stated there was a partial power outage on , and partial water tower outage. Once the tower was up and running everything was fine. Later that night (due to other systems being affected), the water pump shorted out and the AC tower went down. He further stated that overnight, the Maintenance Director, Staff H got a call at approximately 4:00 AM on . . . . . notifying him of the loss of electricity and came out to the facility. He stated he came to the facility around 6:00 AM to assist with the issue. He stated that after evaluating the problem, it was determined that the water pumps in the mechanical room were out. The Assistant Maintenance Director further stated in the above interview that they needed a new starter and motor for the Water Cooling Tower (Cooling Tower); and that the local City Public Works Director located a brand-new motor, which they finished installing around 10:00 PM on and now everything is in equilibrium. He further stated that the Cooling Tower (which moves water throughout the entire building to cool it down) is currently working with one fan and one pump, which is enough to cool the facility. He stated they only have the one system (Tower) at this time, and that they have been tracking the problem for a long time (no time period provided).	A 152		

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A 152	Continued From page 36 On beginning at 3:24 PM, this surveyor made an observation of the facility's Water Tower room located outside on the Southeast section of the property, behind an 8- wall and locked gate. Observation was made of the dual system, each having an external motor that powered them. Observation of the motor attached to the tower located closest to the North, was working. The Motor attached to the second tower located to the South was not working and is said to be the one that will be replaced (photo/video obtained). This surveyor also made observations of the motors located in the locked room accessed through Memory Care Unit 2. Observation revealed they are the motors that operate the pumps that move the water through the cooling system/water towers. The motor located nearest the door was working, but the motor located to its left (East) was not (photo/videos obtained). In an interview with the Local City Fire Inspector on at 4:00 PM, he stated the last inspection was done two years ago (in 2022) and none of the violations from that inspection/or previous inspections where corrected. No additional information was provided during the survey. In an interview with the Assistant Maintenance Director, Staff G on at 4:11 PM, he stated the facility's AC runs specifically at 277 Amp. And at a certain time of day the Amperes (Amps) would drop to 250 - 270, the AC would turn off and the generator would engage. He stated the power wasn't the problem, and that the circuitry and everything was okay. The problem was that the generator would read that the amps were too low and would turn on, while the power	A 152		

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A 152	Continued From page 37 from the electricity company was on as well. As a result, the supply side (A on the transfer switch) accepting the power from the electricity company out. He stated the drop in the required amperes had been occurring for a while. Specifically, during the peak hours of the day when everyone (in the surrounding homes/apartments) has come home and begin using power. Relative to the AC repair, the Assistant Maintenance Director, Staff G stated in an interview on /3034 at 3:26 PM that they are waiting on parts, and it may take longer because of the availability of supply, but that they have already ordered the parts. He stated there are two fans that work alternatively (the same situation as with the water pumps). When one of the fans is down, it doesn't affect the system itself, or the climate or quality of life. He stated the one that is working is able to cool the entire building itself and won't stop the building from being . He further stated that they are also waiting for the transfer switch to arrive. And that the water tower is in need of relay switches and wiring, and the company from which they were purchased gave them a potential delivery date of . Interviews and record review revealed that assessment/evaluation(s) by facility staff identified the potential problem(s) relative to the drop in required supply-side power from the company providing the electricity to the facility months prior to the failure of the generator. In addition, the facility was also made aware of other related issues by the local Fire Department personnel months prior to the generator failing but failed to timely repair/or replace the faulty systems/or issues.	A 152		

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A 152	Continued From page 38 Class I	A 152		
A 200	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in	A 200		

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portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.
2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.
3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve . . . . temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.
a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.
b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the

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campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.
c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.
(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.
1. Facilities must store minimum amounts of fuel onsite as follows:
a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.
b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.
2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source

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and meets the onsite fuel supply requirements under this rule.
4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.
(b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval.
(3) APPROVED PLANS.
(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately

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produce the plan, either in electronic or paper format, upon request.
(b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com.
(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation.
(4) IMPLEMENTATION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than , have implemented the plan required under this rule.
(b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.
(c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.
(5) POLICIES AND PROCEDURES.
(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can

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A 200	Continued From page 43 effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by	A 200		

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A 200	Continued From page 44 law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If	A 200		

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A 200	Continued From page 45 the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, it was determined that the facility failed to ensure that internal temperatures did not exceed 81 degrees Fahrenheit. The facility failed to maintain a system of alternative power designed to ensure required temperatures were attained/or maintained in the event of the loss of primary electrical power. In addition, the facility also failed to implement their Emergency Environmental Control Plan (EECP). This event occurred from [redacted]. The Findings Include: A review of the facility's Comprehensive Emergency Management Plan (CEMP) binder on [redacted] revealed the facility's Emergency Environmental Control Plan (EECP) dated [redacted]. A review of the EECP revealed the facility has a Generac 300KW generator located outside on the southeast side of the building between the building and cooling tower and is used as a backup to their primary power providers. The facility's Emergency Power Plan Guideline included: " The entire facility (80,630 SF) will be used to ensure internal temperatures for Residents within the 80,630 square [redacted] do not exceed 81 degrees Fahrenheit.	A 200		

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A 200	Continued From page 46 " The facility will accommodate 150 people including residents, staff and their families. " Residents will not be moved as their individual rooms and common areas will be kept below 80 degrees. Beds are available in each resident's private rooms. " In the event of a power outage, the community 300K generator which powers the entire facility including all A/C units will automatically kick on. With each power outage lasting longer than thirty minutes the Director of Plant Operations will reach out to the power company for a determination of the extent and length of the power outage. If power outage is , to last three hours or more staff will be assigned to temperature watch with directives to round every 2 hours check thermostats and monitor temperatures. A review of the Presidential Place Assisted Living Residency Agreement dated 11/30/2021 revealed in Chapter 3 under Emergency Management Preparedness: The Community has an Emergency Management Preparedness Plan, which includes emergency procedures in the event of fire, tornado/hurricane, and other types of disasters. In addition, staff are provided with ongoing education and drills regarding our disaster plan and specific emergency situations. In addition, Emergency Management Preparedness Plans are reviewed annually. A review of the Local City Fire Rescue & Beach Safety Department Reinspection Report dated documented the facility was found in violation for not having their Emergency Generator Verification. It documented that Standy	A 200		

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	AL11965503	A. BUILDING: _____ B. WING _____	07/30/2024

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A 200	Continued From page 47 generators used for emergency or legally required standby power shall be tested and maintained as per NFPA 110. The facility must submit most recent copy of annual certification report to Fire Marshal's Office, with a due date of (copy obtained). A review of the Local City Fire Rescue & Beach Safety Department Reinspection Report dated . . . . . documented that on . . . . . the facility received a violation for failing to have/or provide documentation that their generator had the required logs documenting it had been tested. It stated test records shall be maintained on the premises and must indicate the date of such testing, the qualified service personnel, and any corrective measures needed or taken. It documented a due date of . . . . . for documentation of such tests to be provided to the Local City Fire Department. Review of the Local City Fire Rescue & Beach Safety Department Reinspection Report dated documented that at the time of inspection on . . . . . ; no documentation of generator testing or a generator log was provided. And that as of . . . . . , the deficiency was still pending. It also documented under Compliance, that Standy generators used for emergency or legally required standby power shall be tested and maintained as per National Fire Protection Association (NFPA) 110. The facility must submit most recent copy of annual certification report to Fire Marshal's Office. It further documented that at the time of inspection ( ), there was no documentation or generator certification (copy obtained). A review of the Department of Health (DOH) Inspection Report dated documented the following. The Facility moved residents to the Memory Care Unit (MCU) lobby. Sixty-six (66)	A 200		

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A 200	Continued From page 48 portable AC units had been deployed in the facility. 4 portable AC units have been deployed to the cafeteria. 2 have been deployed in the memory care common area, and there is a unit to be installed in each individual room in the memory care area. The current temperature in the memory care lobby is 82F. No residents are in any acute distress. Inspector (Sales ,), and (Interim Executive Director, Operations ,), who are the people in charge at this time, to call 911 immediately if any residents are in any acute distress. This was witnessed by Agency for Health Care Administration (AHCA) (surveyor). As per (Emergency Manager for the City) additional portable AC units will be deployed to the facility throughout the night. Fire rescue will be routinely monitoring the facility throughout the night. The City has identified the part needed for repairs. AC should be repaired by the afternoon of per the City. Violation: Observed AC in disrepair. AC is not working throughout facility. A review of the Department of Health (DOH) Inspection Report dated documented No residents are in any acute distress. Inspector notified (Interim Executive Director/Operations ,), who is the person in charge at this time, to call 911 immediately if any residents are in any acute distress. This was witnessed by AHCA Representative (lead surveyor). As per (Interim Executive Director/Operations ,), no timetable for completion of AC repairs has been provided. AHCA has dispatched a Fire Protection , (life Safety surveyor) to the facility. Observed 10 resident rooms with temperatures ranging between 81F-83F; these residents will be relocated to other rooms with temperatures ranging 75F-80F. The occupied resident rooms in the memory care unit have	A 200		

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A 200	Continued From page 49 temperatures ranging from 70F-80F. As per (Emergency Manager for the City), Fire Rescue will be routinely monitoring the facility throughout the night. Notice of violation remains in effect. On at approximately 2:45 AM, the facility experienced a power outage resulting in the facility having no electricity. The power did not come on until 1:00 PM (a period of 10 hours, 15 minutes), during which time the facility had no Air Conditioner (AC). The facility's generator also failed to engage resulting in no AC being present in the facility for over 10 hours, thus affecting all seventy-seven (77) residents during the above-mentioned time(s). On Monday at 4:00 AM, the facility's Director of Plant Operations, Staff H (Maintenance) observed that the facility's Automatic Transfer Switch (ATS) which receives electric input from the electrical company through one on its panel, then automatically disconnects such power when the generator engages. In addition, the ATS panel incurred water penetration which caused it to . This caused the generator to intermittently turn on and off on , prior to it shutting down completely. As a result, the three-story facility lost electrical power, which caused the cooling tower that controls the temperatures inside the facility to . Because of the with the cooling towers, the temperatures inside the facility exceeded 82 degrees. In an interview with the Assistant Maintenance Director, Staff G on at 5:06 PM, he stated the facility achieved partial power (no time provided) and was only able to provide Air Conditioner (AC) on the entire first floor. He	A 200		

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A 200	Continued From page 50 further stated that the AC was not operating to its full capacity, or sufficiently enough to bring the temperature below 86 degrees Fahrenheit. As a result of the loss of power/AC, the internal temperatures within the facility reached a high of 91 degrees Fahrenheit by . Staff G provided no documentation relative to the instruments used to determine the temperature in the facility. On the Agency for Health Care Administration (the Agency) received an anonymous call stating the facility lost power on for over 8 hours and the facility has been out of A/C for the past 3 days. The caller stated something has been wrong with the electrical panel for months (no time- period given), and that the facility was hot, and the staff and residents are passing out. The caller further stated there are Residents that have been sent to the hospital due to extreme heat. On at 12:28 PM, the Agency received a phone call from the local Fire Department's Fire Prevention Officer who reported that the facility has been out of A/C for the past two days. On at approximately 12:30 PM, surveyors began arriving at the facility. Upon arrival, observation was made of the Chief of the local Emergency Management Services ( ) as well as paramedics onsite taking temperatures of the facility and residents, ensuring proper hydration, and assessing the residents. On at 12:38 PM the surveyor asked the Receptionist, Staff N, if there was an Administrator or someone in charge of the facility present, and she stated, no, and went to get the Business Office Manager.	A 200		

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A 200	Continued From page 51 In an interview with the Business Office Manager on [redacted] at 12:45 PM, she stated there was no Administrator in the building, and that the Interim Executive Director was flying in from Texas to come to the facility. On [redacted] between 12:30 PM - 2:15 PM the surveyors conducted a tour of the facility. During the tour, observations revealed that the building temperature was extremely hot, resulting in the surveyors sweating immediately upon entry into the facility. Residents were observed sweating and fanning themselves, voicing concerns regarding the heat and relocating to common areas to find cooler locations (1st Floor Dining Room, Activity/TV area located across from the dining room). Observations by the surveyors revealed the power was on; however, the facility's AC was not working. Accuweather.com documents the temperature in Hollywood, Florida on [redacted] was 91 degree's F. A review of the floridadisaster.org website revealed that on [redacted] and [redacted] air temperatures ranged from the upper 80 degrees to middle 90 degrees Fahrenheit. It also documented that the heat index for [redacted] and [redacted] to be between 100-108. A tour of the facility on [redacted] revealed, temperatures that were observed/recorded by the surveyors of several resident rooms and common areas of the facility (using the Fisherbrand Traceable Hypermeter w/Dew Point thermometer) as follows: " Temperatures in the Main Dining Room	A 200		

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A 200	Continued From page 52 located on the East side of the First floor, were observed and recorded in Fahrenheit measurements as follows: 85 degrees at 5:16PM, 91.4 degrees at 6:11 PM and 88.5 at 6:30 PM. " 5:16 PM: First floor TV/Common area outside of cafeteria: 82 degrees F. " 5:20 PM: Memory Care Unit MCU- Hallway entrance: 80 degrees F. " 5:20 PM: MCU Dining . . . . degrees F. " 5:23 PM: Second floor common area near the stairs: 84 degrees F. " 5:23 PM: Second floor common area/west side: 87 degrees F. " 5:33 PM: (occupied) 87 degrees F. " 5:35 PM: (occupied) 88 degrees F. " 5:37 PM: (occupied) 87.6 F. " 5:39 PM: Hallway outside . . . . . , ... , : 87.6 degrees F. " 5:41 PM: . . . . . .6 degrees F. " 5:42 PM: Common area outside of directly under AC vent: 87.4 Degrees F. " 5:48 PM: : 86.3F Degrees F. " 5:48 PM: First floor stair well near exit/common area: 86.3 degrees F. " 5:48 PM: . . . . - First Floor: 86.1 degrees F. " 5:49 PM: Memory Care Unit first floor (Northeast section): 85.2 Degrees. " 5:51 PM: Dining room (1st floor): 85.1 Degrees F. " 5:52 PM: . . . . : 85 Degrees F. " 5:52 PM: : 84.9 Degrees F. " 5:56 PM: MCU . . . . . (MCU): Hospice Resident, Room temperature of 84 F. " 5:57 PM: MCU Hallway/common area outside -116: 84.5 Degrees F. " 6:01 PM: MCU Common area near dining room: 84.4 Degrees F.	A 200		

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A 200	Continued From page 53 " 6:11 PM: Internal temperature reached a high of 91 degrees F on 1st floor dining room. A review of the facility's Resident Census for . . . . . revealed there were 77 residents in the facility. The facility's Resident Census for . . . . . documented there were 78 residents in the facility (copies obtained). As a result of power loss, generator failure, and the failure of the AC to function properly, 77 residents were exposed to extreme heat, with temperatures above 81 degrees Fahrenheit. As a result of the extreme heat, approximately 43 Residents were removed from the facility as follows: On between 4:30 PM - 5:30 PM, (24) residents were evacuated to the sister facility ALF located in Aventura, Florida. On , at unknown times, (20) residents were sent to (6) local hospitals for monitoring to ensure there was no deterioration in their health status. On . . . . . at 9:05 AM observation by the surveyors revealed 10 spot coolers that were delivered and installed by a local rental company on (the previous day) and positioned in the common areas. On . . . . . an additional 50 spot coolers were delivered and installed by another local rental company and installed in common areas and all occupied resident rooms. Observation also revealed that many of the spot coolers were set up to exhaust into the . . . . . space above the drop ceiling. All the spot coolers were observed later as turned off. In an interview on at 9:18 AM with Captains (A and B) from the local Fire	A 200		

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A 200	Continued From page 54 Department, Captain A stated they were here until 2:00 AM on the morning of doing hourly temperature checks. Captain A stated that their high temperature reading was 97 degrees, and the low temperature reading was 82 degrees. He further stated that if the temperatures were (consistently) above 87 degrees, they would close the facility and have residents removed. He also stated that about 20 or more residents were moved yesterday/last night ( ). He also stated that the AC went down again while they were there (no time given) and was informed (no staff name provided) that the part that is needed should be here today. In an interview with the local City Division Chief on at 11:37 AM she stated that they had removed ten (10) Hospice Residents from the Memory Care Unit (MCU) they identified as due to the high temperatures in the building. In an interview with the local City Fire Inspector on at 1: 00 PM he stated the facility failed to correct a previously identified faulty electrical system (equipment/transfer switch) leading to the complete electrical failure, generator failure, and loss of the A/C on . In an interview on at 1:30 PM with Staff B (Director of Memory Care) she stated that on Monday, at approximately 2:45 AM she received a telephone call from Staff J who informed her that the power was out in the facility and the Air Conditioner (AC) had stopped working. Observation by the (AHCA) Life Safety surveyor on at 1:35 PM revealed 50 spot	A 200		

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A 200	Continued From page 55 coolers (portable stand-alone AC units) were positioned throughout the facility. Observation revealed that most of the spot coolers were set-up to exhaust into the space of the drop ceiling. In an interview with the Local Fire Department Operational on at approximately 1:36 PM, he informed the (AHCA) Life Safety surveyor that there were fifty (50) spot coolers positioned throughout the facility. He stated that most of the spot coolers were set up to exhaust into the space above the drop ceiling. He further stated that the Regional Operations informed the surveyors that the Hollywood Fire Department personnel explained to staff earlier in the day that the spot coolers were exhausting incorrectly and had to be shut off as they were venting incorrectly and could cause several issues. Observation of the generator by the (AHCA) Life Safety surveyor on at 1:47 PM revealed the generator fuel gauge indicating 1 ½ - 3 ¼ full. He stated he was informed by the Interim Executive Director/Regional Operation , Staff A that the gauge was not working, and the fuel tank was recently topped off. In an interview with the Assistant Maintenance Director (Staff G) on at 4:37 PM, he stated the fire panel tells them when something is going on with their generator. Specifically, one of the (A) of the panel was shorted out and caused it to . He stated the panel was signaling that there was a problem with the generator (no specifics provided) causing the flickering of the power on and provided the surveyor documentation from the local automation company used by the facility,	A 200		

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A 200	Continued From page 56 who specializes in Heating, and Air Conditioning (HVAC), alarms and fire systems. A review of the document dated identified the cause of the flickering of the power (copy obtained). He further stated that due to the power flickering, the generator company by the facility, the automation company, and the generator company came out on the same day and determined that one of the phases on the transfer switch was low, and the generator was operating more than it should due to the Amps coming into the panel from the power company providing electricity to the building was low. As such, they took the generator off-line for safety reasons (avoid a -feed/surge of electricity which could cause issues, including fire). The Generator has been offline since , due to automatic transfer switch damaged/ -out. However, during the interview the Assistant Maintenance Director stated the generator was taken offline on . As a result, the facility did not have an alternative means of providing power to the facility, resulting in the extreme temperatures observed in the facility. Additionally, a review of facility documents revealed the facility staff did not notify residents, or their family members, of the conditions present in the facility until , more than twenty-four (24) hours after the AC stopped working. Lasty, the facility failed to implement cooling procedures and their Emergency Management Plan (EECP) and/or Comprehensive Emergency Plan (CEMP) until AHCA and Emergency Responders arrived at the facility. As a result of the facility's delay in implementing plans to mitigate/or resolve the issue, 77 Residents and	A 200		

Agency for Health Care Administration

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A 200	Continued From page 57 staff endured extreme heat for periods up to nearly 24 hours. Class I	A 200		