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
	AL11964518	A. BUILDING: _____ B. WING _____	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF SARASOTA SENIOR LIVIN	1809 18TH STREET SARASOTA, FL 34234

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, emergency power plan monitoring, health facility reporting system, visitation form and complaint survey for #2024004776, #2024005063, #2024008389, and #2025000463 was conducted on through at The Meadows of Sarasota Senior Living, an assisted living facility in Sarasota, Florida. Complaint #2024004776 was substantiated without deficiencies. Complaint #2024005063 was not substantiated. Complaint #2024008389 was not substantiated. Complaint #2025000463 had 2 allegations, 1 was not substantiated, and 1 was substantiated without deficient practice. The following is a description of the deficiencies: .	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident,	A 052		

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A 052	Continued From page 1	A 052		

orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a , of the body.
(d) Administration of , preparations.

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A 052	Continued From page 2 (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of	A 052		

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A 052	Continued From page 3	A 052		

the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.

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A 052	Continued From page 4 (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure for 3 (Residents #14, #15, and #17) of 4 medications observations. The facility failed to follow physician's orders when providing assistance with self-administration of medication according to medications orders for 1 (Residents #17) of 4 residents observed. The findings included: On at 10:23 a.m., during observation of medication pass, Resident # 17 was not given 10 mg as scheduled. Medication Technician (MT) Staff A was observed to document 10 mg (for), as "medication not available," for Resident #17 on the Medication Observation Record (MOR). On at 10:25 a.m., during an interview, MT Staff A said the medication has been out of stock for a few days. She said that she would contact the nurse to check on the order. Review of the MORs for Resident #17 revealed he did not receive the 10 mg as	A 052		

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A 052	Continued From page 5 scheduled on - . The MORs documentation indicated, "medication not available." On at 10:38 a.m., during observation of med pass, Medication Technician (MT) Staff B was observed to assist Resident #14 with self-assistance of medications. Staff B placed the meds into a souffle cup on the med cart and entered Resident #14's room and said, "I'm ," and gave the cup with the pills to Resident #14. MT Staff B did not inform Resident #14 orally what medications and dosages of the medications were being given. On at 10:50 .m., during observation of med pass, Medication Technician (MT) Staff B was observed to assist Resident #15 with self-assistance of medications. Staff B placed the meds into a souffle cup on the med cart and entered Resident #15's room and asked Resident #15 to sit up, Resident said, "Is it 1 pill?" MT Staff B replied, "No, 4 pills," and gave the cup with the pills to resident #15. MT Staff B did not inform Resident #15 orally what medications and dosages of the medications were being given. On at 11:01 a.m., during an interview, Medication Technician Staff D stated there are no residents at the facility with medication waivers. MT Staff B said, "I don't tell the resident what they are getting as they pretty much know what they are getting." On at 10:45 a.m., during an interview, the Regional Nurse stated, "If the Med Techs are not telling the residents what meds and the dosages they are getting they are not doing the med pass correct."	A 052		

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A 052	Continued From page 6 On at 10:50 a.m., during an interview, Regional nurse confirmed Medication Technician Staff B did not read the medications to the residents or tell them what meds she was giving them and she was not following procedure when assisting with medications for the residents. Class III .	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take	A 054		

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A 054	Continued From page 7 medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to accurately update the Medication Observation Record (MOR) each time a medication is given for 1 (Resident #17) out of 4 residents observed. The findings included: Medication Management Storage & Disposal. "The facility has established the following policies and procedures for medication practices in order to maintain compliance with state regulations. . . . V. Medication Record: . . . MOR must be immediately updated each time the medication is offered or administered. . . .VIII. Medication Labelling [sic] and Orders: . . . The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration or medication administration are refilled in a timely manner." On at 10:23 a.m., during medication pass, Resident # 17 was not given 10 mg as scheduled. Medication Technician (MT) Staff A was observed to document 10 mg (for), as "medication not available," for Resident #17 on the Medication Observation Record (MOR). Review of the MORS for Resident #17 revealed he did not receive the 10 mg as scheduled on - . The MOR's	A 054		

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A 054	Continued From page 8 documentation indicated "medication not available." On at 10:23 a.m., during an interview, MT Staff A stated that the has been out of stock for a few days. Record review on , of Resident #17 MOR showed 10 mg was given to Resident #17. On , at 10:17 a.m., during an interview, Staff E checked the MOR and stated that was provided at 9:02 a.m. on . Upon asking to see the medication, Staff E and Staff B checked the medication cart and acknowledged that the was not there. Staff E said "the medication was out of stock and the note was not entered into the MOR. Staff E stated that Staff B had forgotten to mark that the was still out. It has been out since the 13th." Staff E printed out the exception list that showed the medication had been administered and not been recorded as "med not available." On at 10:50 a.m., during an interview, the Regional Nurse stated if the MT signs a medication as being given that is not on to give, that is falsifying the record and the MT should be removed from the med cart immediately, as she is not following the policy. On at 10:52 a.m., during observation, the Regional Nurse reviewed the EMARS for the Resident #17 which revealed the medication was not given on as it is not available waiting on pharmacy but was signed on as given to the resident by MT Staff B. On at 12:55 p.m., The regional nurse confirmed the MT Staff B did not document on	A 054		

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A 054	Continued From page 9 Resident #17's EMAR correctly. Class III .	A 054		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 10	A 056		

who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a

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A 056	Continued From page 11 label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that prescriptions for residents who receive assistance for self-administration of medication are refilled in a timely manner for 1 (Resident#17) out of 4 residents observed. The findings included: On at 10:23 a.m., during medication pass, Resident # 17 was not given 10 mg as scheduled. Medication Technician (MT) Staff A was observed to document 10 mg (for), as medication not available, for Resident #17 on the Medication Observation Record (MOR). On at 10:25 a.m., during an interview, MT Staff A said the medication has been out of stock for a few days. She said that she would contact the nurse to check on the order. Review of the MORs for Resident #17 revealed he did not receive the 10 mg as	A 056		

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A 056	Continued From page 12 scheduled on - . The MORs documentation indicated, "medication not available." On at 10:17 a.m., during an interview, Staff E stated the procedure for reordering medications when they are out is that he clicks on the medication in the MOR and the Quickmar system directly contacts the pharmacy. Staff E stated, "It normally takes about 3 days to receive the meds." Staff E acknowledged that the 10 mg had been out since . On at 10:52 a.m., during observation, the Regional Nurse reviewed the EMARS for the Resident #17, which revealed the medication was not given on as it is not available waiting on pharmacy. On at 10:53 a.m., observation with the Regional Nurse, Administrator, and Resident Care Coordinator (RCC) went down the hallway to the med cart. The Regional Nurse asked MT on duty Staff E for Resident #17's medication. The RCC stated Resident #17 does not have the medication, they are waiting on it to be delivered from the pharmacy. The Regional Nurse, RCC, and Administrator confirmed Resident #17's medication was not available in the med cart in the facility to be given as ordered. On at 10:57 a.m., during an interview, the RCC stated she only just found out the Resident #17 had not received the medication from the pharmacy. The RCC stated there is no documentation the physician was notified Resident #17 had not received the medication for 4 days as it was not available to give him.	A 056		

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A 056	Continued From page 13 On at 11:35 a.m., during an interview, the Regional Nurse acknowledged the facility does not have a policy for refilling/reordering medication in a timely manner for staff to follow. Class III	A 056		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_ Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used	A 093		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF SARASOTA SENIOR LIVIN	1809 18TH STREET SARASOTA, FL 34234

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A 093	Continued From page 14	A 093		

by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.

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A 093	Continued From page 15 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure that the menu provided was reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered	A 093		

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A 093	Continued From page 16 dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The facility failed to ensure that the menu posted was dated a week in advance. The facility failed to ensure that the menu provided had portion of food served or on a separate sheet. The facility failed to provide substitutions for the last six months. The findings included: Observation on at 9:30 a.m., showed that the menu posted in the entrance of the dining room was not dated a week in advance as required. On the lower left side of the menu there was the following date: . . The menu posted did not include portions of the food served or on a separate sheet. Record review showed that the facility's menu was not reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. Furthermore, the menu provided was not dated a week in advance. In addition the menu provide did not have portion of food served. Moreover, the facility failed to provide dated substitutions for meals served in the last six months. The facility only provided menus with substitutions that were not dated and reviewed by a by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist.	A 093		

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A 093	Continued From page 17 During an interview on at 8:40 a.m., the facility's Dietary Manager ( ) confirmed the menu posted was not dated a week in advance, had no portions of food served and was not approved annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist. The confirmed that the copies substitutions could not be verified since there was no date on them. During an interview on at 1:45 p.m., the Administrator confirmed that the facility's menu posted in the entrance of the dining groom was not dated a week in advance. The Administrator confirmed the facility's menu was not reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The Administrator confirmed the menu provided did not have portions of food served. The Administrator confirmed that the substitution menus provided could not be verified since they were not dated or approved by a the facility's menu was not reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist. Class III .	A 093		

Agency for Health Care Administration

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CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1	CZ830		

is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.

(4) . . . Licensees providing residential or inpatient services must utilize an online database

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to submit annually and maintain documentation of the current Comprehensive Emergency Management Plan (CEMP), approved by the local emergency management agency to ensure the safety and welfare of all residents. The findings included: On at 9:45 a.m., the Administrator provided a Comprehensive Emergency Management Plan (CEMP) that had been approved on . The letter indicated that the facility's CEMP was approved for 12 months from the date of the approval. There was no further documentation of approval for CEMP. There was no documentation the facility had submitted the annual CEMP for approval. On at 9:55 a.m., during an interview the Regional Nurse states she reached out to the company that is helping with the facility CEMP they have not submitted the CEMP, and the previous CEMP approval has expired. The Regional Nurse confirmed the facility has not submitted the CEMP to the local emergency management agency for approval, and currently the facility has no approved CEMP/EPP. Class III .	CZ830		