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
	AL11967056	A. BUILDING: _____ B. WING _____	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARE ASSISTED LIVING, LLC	2715 UINTAH AVENUE ORLANDO, FL 32805

(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
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		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit its Comprehensive Emergency Management Plan (CEMP) annually to the local emergency management agency for review and approval. Findings: Upon entering the facility on at 8:45 AM, caregivers A and B were present, and both spoke and understood only Spanish. Using the agency for healthcare administrator (AHCA) issued cell phone, a translation application was used to ask caregiver A if the administrator was available. She replied by saying the administrator was on vacation and that she tried calling her but had been unsuccessful. On at 8:50 AM, caregiver A was asked to provide the CEMP. On at 9 AM, caregiver A returned with only resident records and no CEMP. On at 9:05 AM, using the assistance of a translator from AHCA's area office 7, caregiver A was asked again to provide the CEMP. Caregiver A said the plan should be in every resident's chart. It was explained to her that the CEMP was the facility's plans in the event of emergencies. Caregiver A then said she did not have access to that, only resident records. Caregiver A went to an office where the binder was located containing an CEMP.	CZ830		

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CZ830	Continued From page 3 On at 9:12 AM, caregiver A called the administrator on the phone and told her she was in Miami. She informed Caregiver A that the 2024 CEMP and emergency environmental control plan were in a computer and not in the facility. She said the 2024 plan was not submitted to emergency management for review. On at 10:59 AM, caregiver A forwarded a CEMP approval letter that she said the administrator sent to her. The letter indicated that the CEMP reviewed by the local emergency management agency was approved on . Class III	CZ830		
A 000	Initial Comments A generator monitoring visit was conducted at Kare Assisted Living on . The facility had deficiencies at the time of the visit.	A 000		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the	A 081		

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A 081	Continued From page 4 employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.	A 081		

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A 081	Continued From page 5 (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident ,	A 081		

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A 081	Continued From page 6 neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 caregivers (A, B) who provided direct care to residents received a minimum of 1 hour in-service training within 30 days of employment that covered reporting	A 081		

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A 081	Continued From page 7 adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Findings: Upon entering the facility on at 8:45 AM, caregivers A and B were present, and both spoke and understood only Spanish. Using the agency for healthcare administrator (AHCA) issued cell phone, a translation application was used to ask caregiver A if the administrator was available. She replied by saying the administrator was on vacation and that she tried calling her but had been unsuccessful. On at 8:50 AM, caregiver A was asked to provide the comprehensive emergency management plan (CEMP.) On at 9 AM, caregiver A returned with only resident records and no CEMP. On at 9:05 AM, using the assistance of a translator from AHCA's area office 7, caregiver A was asked again to provide the CEMP. Caregiver A said the plan should be in every resident's chart. It was explained to her that the CEMP was the facility's plans in the event of emergencies. Caregiver A then said she did not have access to that, only resident records. Caregiver A showed an office where the binder was located containing an CEMP. On at 9:12 AM, caregiver A called the administrator who said she was in Miami. She explained that the current CEMP and emergency environmental control plan were in a computer and not in the facility. She said caregivers A and B did not know how to hook up and start the	A 081		

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A 081	Continued From page 8	A 081		

portable generator. The administrator said that if she was not available, such as that day, her own family member would come and hook it up.

On at 9:20 AM, caregiver A said she knew how to hook up and turn on the generator. When asked to do so, she said she was new and did not know how. She said her employment began one month prior. She said she was trained on the facility's emergency procedures, yes, she knew the generator would be used if power was lost and no, she was not trained specifically on the generator.

On at 9:25 AM, using the assistance of a translator from AHCA's area office 7, caregiver B said her employment began four months prior. She said she was trained in the facility's emergency procedures, for example if there was a fire the residents had to be evacuated. If the power goes out the generator needs to be started. She did not know how to hook it up and turn it on. She said she was not trained in how to operate the generator. She said if power was lost, she had to call the administrator. If the administrator was not available the caregiver would call the administrator's family member, whose name and number she did not know. She said the facility had flashlights. She said the facility did not go for a long time without power because she called the administrator, who then turned the generator on. She said the facility did not lose power since her employment began. She said if the residents showed signs of illness during a power outage, she would call 911.

On at 9:42 AM, the administrator's family member arrived. The family member removed the portable generator from a shed, hooked it up to a propane tank then turned it on.

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A 081	Continued From page 9 On at 9:50 AM, neither caregiver knew where the personnel files were. Caregiver A went to the office where Caregiver B's personnel file was located. On at 10:02 AM, caregiver A brought her cell phone to the agency representative. The administrator was on it and said caregiver A's personnel file was locked up in the facility and neither caregiver had access to it. The administrator said caregiver A had training on reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Review of the , staffing schedule revealed caregiver A worked from 8 AM to 5 PM and caregiver B worked 24-hour shifts. On at 10:15 AM, review of the facility's background clearinghouse roster revealed caregiver A's hire date was and caregiver B's was . A certificate of training indicated caregiver B received training on incident reports, adverse reports, and emergency procedures. However, there was no duration on the certificate to indicate the minimum 1-hour was received. Class III	A 081		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall	A 161		

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A 161	Continued From page 10 maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed	A 161		

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A 161	Continued From page 11 staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a personnel record for 1 of 2 sampled staff (A.) Findings: Upon entering the facility on at 8:45 AM, caregivers A and B were present, and both spoke and understood only Spanish. Using the agency for healthcare administrator (AHCA) issued cell phone, a translation application was used to ask caregiver A if the administrator was available. She replied by saying the administrator was on vacation and that she tried calling her but had been unsuccessful. On at 9:12 AM, caregiver A gave her cell phone to the Agency representative. The administrator was on the phone. The administrator said she was in Miami. On at 9:50 AM, neither caregiver knew where the personnel files were. Caregiver A showed the AHCA surveyor to an office where the surveyor located only caregiver B's personnel file. On at 10:02 AM, caregiver A brought her	A 161		

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A 161	Continued From page 12 cell phone to the surveyor. The administrator was on it and said caregiver A's personnel file was locked up in the facility and neither caregiver had access to it. On at 10:15 AM, review of the facility's background clearinghouse roster revealed caregiver A's hire date was . Class III	A 161		
A 200 SS=D	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	A 200		

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A 200	Continued From page 13 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 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	A 200		

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	AL11967056	A. BUILDING: _____ B. WING _____	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARE ASSISTED LIVING, LLC	2715 UINTAH AVENUE ORLANDO, FL 32805

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A 200	Continued From page 14 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 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.	A 200		

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A 200	Continued From page 15 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 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 200		

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A 200	Continued From page 16 (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 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	A 200		

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A 200	Continued From page 17 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 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	A 200		

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A 200	Continued From page 18 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 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	A 200		

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A 200	Continued From page 19 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 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 observation, record review and interview, the facility failed to maintain a copy of its current emergency environmental control plan in a manner that made the plan readily available at the licensee's physical address for review, failed to acquire services necessary to maintain, and test the generator and its functions to ensure the safe and sufficient operation of it, and failed to acquire a monoxide alarm. Findings: Upon entering the facility on at 8:45 AM, caregivers A and B were present, and both spoke and understood only Spanish. Using the agency for healthcare administrator (AHCA) issued cell phone, a translation application was used to ask caregiver A if the administrator was available. She replied by saying the administrator was on vacation and that she tried calling her but had been unsuccessful.	A 200		

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A 200	Continued From page 20 On at 8:50 AM, caregiver A was asked to provide the comprehensive emergency management plan (CEMP.) On at 9 AM, caregiver A returned with only resident records and no CEMP. On at 9:05 AM, using the assistance of a translator from AHCA's area office 7, caregiver A was asked again to provide the CEMP. Caregiver A said the plan should be in every resident's chart. It was explained to her that the CEMP was the facility's plans in the event of emergencies. Caregiver A then said she did not have access to that. Caregiver A showed the AHCA surveyor to an office where the surveyor located a binder containing an , CEMP. On at 9:12 AM, caregiver A gave her cell phone to the Agency Representative. surveyor. The administrator was on the phone. The administrator said she was in Miami. She said the 2024 CEMP and emergency environmental control plan were in a computer and not in the facility. She said the 2024 plan was not submitted to emergency management for review. She said caregivers A and B did not know how to hook up and start the portable generator. The administrator said that if she was not available, such as that day, her own family member would come and hook it up. On at 9:20 AM, caregiver A said she knew how to hook up and turn on the generator. When asked to do so, she said she was new and did not know how to do it. She said her employment began one month prior. She said she was trained on the facility's emergency procedures, yes, she knew the generator would be used if power was lost and no, she was not	A 200		

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A 200	Continued From page 21 trained specifically on the generator. On at 9:25 AM, using the assistance of a translator from AHCA's area office 7, caregiver B said her employment began four months prior. She said she was trained in the facility's emergency procedures, for example if there was a fire the residents had to be evacuated. If the power goes out the generator needs to be started. She did not know how to hook it up and turn it on. She said she was not trained in how to operate the generator. She said if power was lost, she had to call the administrator. If the administrator was not available the caregiver would call the administrator's family member, whose name and number she did not know. She said the facility had flashlights. She said the facility did not go for a long time without power because she called the administrator, who then turned the generator on. She said the facility did not lose power since her employment began. She said if the residents showed signs of illness during a power outage, she would call 911. On at 9:42 AM, the administrator's family member arrived. The family member removed the portable generator from a shed, hooked it up to a propane tank then turned it on. On at 10:59 AM, caregiver A forwarded a CEMP approval letter that she said the administrator sent to her. The letter indicated that the CEMP reviewed by the local emergency management agency was approved on . A floor plan indicated a monoxide alarm was in the dining room next to the kitchen. On at 11:15 AM, a monoxide alarm was not seen there.	A 200		

Agency for Health Care Administration

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A 200	Continued From page 22 On at 11:30 AM, the administrator said over the phone that there was a monoxide alarm, but she did not know where it was located. She did not know the process for testing and maintaining the generator. Class III	A 200		