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
	AL11910916	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS PALMAS SENIOR LIVING	5300 West 16 Avenue HIALEAH, FL 33012

(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 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	A 055		

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A 055	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	A 055		

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A 055	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure centrally stored medications were kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times for five out of 31 sampled residents. (Residents # 9, #12, #13, #26, #28). Findings: Observation on at 06:54 am, showed unlocked medication inside Resident #9's room. The medication consisted of 1 25 mcg tablet, 100 mg tablet, 25 mg, extra strength 500 mg, 125 mg, 12% moisturizing lotion and cream 12%*. Further observation revealed unlocked over the counter medications, nature made c 500 mg, nature made 50 mg, 200 mg, omega-3 2000 mg, 5000 mcg, 10 mg, GC 50 plus, senior dietary supplement, 400 mg capsules. Senior dietary supplement, sleep gummies 10 mg, nature's bounty c 1000mg, rubbing , USP. Along with the medicine, Clorox bleach packs were observed next to the medications. Observation on at 07:12 am, showed	A 055		

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A 055	Continued From page 3 unlocked medication inside Resident #12's and Resident #13's room. The unlocked medication consisted of drops , 6.5%, vision formula lutein & zeaxanthin, and over the counter, 5,000 mcg. The medication did not have the resident's name on the box. Interviewed on at 07:06 am regarding unlocked medication, the Administrator stated "it's their private property, the room is always locked and if they are able to administer on their they could keep it in there". Administrator was interviewed and asked if other people go inside the room to provide medicine, cleaning or other services, the Administrator stated, "Yes". Review of Resident #12's health assessment, showed the resident needed assistance with self-administration. Observation on at 7:34 am, showed unlocked over the counter medication that consisted of wd 40 spray; , and ; bio freeze, Calmo , cream in toiletries basket inside Resident #28's room. Observation on at 7:40 am , showed unlocked over the counter medication that consisted of , and in drawer inside Resident #26's room. Class III	A 055		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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A 152	Continued From page 4 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 provide a safe living environment, and it failed to maintain all existing	A 152		

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A 152	Continued From page 5 architectural, mechanical, electrical and structural systems in good repair. For 14 out of 31 Sampled residents, (Residents #2, #5, #7, #8, #9, #10, #11, #18, #21, #26, #27, #28, #29, and #30). Findings: Observation on at 06:35 AM, showed , where Resident #2 resided, unlocked cleaning supplies under the kitchen sink. The cleaning dupplies consisted of spray, Fabuloso floor cleaner, dawn dish cleaner, and Swiffer wet mops. Observation on at 06:54 AM, showed cleaning supplies where Resident #9 lived. The cleaning supplies consisted of Arm and Hammer detergent. Observation on at 6:56AM showed , where resident #27 resides, with unlocked cleaning supplies that consisted of comet, Fabuloso and other cleaning products under sink. Observation on at 07:01 AM, showed unlocked cleaning supplies on top of the kitchen sink inside Resident #10 and Resident #11's room, the unlocked cleaning supplies consisted of two Lysol wipes containers Review of health assessment of Resident #10, showed the resident needed assistance with self-administration of medication. Review of health assessment of Resident #11 showed the resident needed assistance with bathing, , toileting and transferring. Observation on at 07:04 AM, showed to have unlocked cleaning supplies, that	A 152		

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A 152	Continued From page 6 consisted of Clorox Tile cleaner in Resident #5's room. Interviewed on at 07:04 AM, Resident #5 stated he had been in the facility for many years now, the resident stated the facility assist him with medication, and Resident #5 was asked if he does the cleaning around the home, the resident Stated "no someone comes and cleans" Interviewed on at 07:06 AM, The administrator and Staff C were askrd unlocked cleaning supplies, and who does the cleaning. The administrator stated there is a company who comes and cleans, the administrator stated, "they are allowed to have the cleaning supplies, it is their home". The administrator was asked regarding green dot, red dot and golden start on the resident's door. The administrator stated, "green dot I don't know, and red dot and star is risk". Observation on at 7:34 AM, showed Chemicals/detergent inside Resident #28's room. The bed was found up against the wall in the living room and was locked and opened by staff. The cleaning supplies consisted of Oxiclean, Detergent, Windex, Clean Freak Cleaning Solution; WD 40 Spray. Observation on at 07:40 AM, Showed unlocked cleaning supplies that consisted of, Fabuloso floor cleaner inside Resident #8's room. Interviewed on at 07:40 AM, Resident #8 stated she did not utilize the cleaning supplies, but the staff did, she stated, "and they come and clean". Observation on at 7:40 AM showed	A 152		

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A 152	Continued From page 7 unlocked cleaning supplies inside where Resident #26, lived. The cleaning supplies consisted of detergent. Observation on at 07:44 AM, showed unlocked cleaning supplies that consisted of Mr. Meyers cleaning spray, Bar Keepers Friend Cleanser, Glass Cleaner, and Clorox Spray inside Resident #21's room. The resident was unable to be interviewed. Observation on at 07:44 AM, showed Room [ ] with a substance resembling mold on top of the living room AC unit. Photograph evidence was obtained. Interviewed on at 7:44 AM, Administrator and Staff C were asked regarding Resident# 21's room. The room had cleaning supplies. The resident was unable to be interviewed, Staff C stated, "she does not have capacity, I have to talk to the family, she has a POA." Review of Health assessment of Resident #21 showed that the resident iwas , , has diagnoses of 's, with , , walks independently, services requirements states, "assist with medications and requires directions and guidance" and shows the resident to have Universal Precautions. Observation on at 7:44 AM showed unlocked cleaning products under the kitchen sink and bathroom sink inside Resident #7's room. Observation on at 8:00am, showed unlocked chemicals were found under sink inside	A 152		

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A 152	Continued From page 8 a shared room where Resident #18 and Resident #30 lived. Observation on at 8:28 AM showed Resident #29's room to have unlocked cleaning supplies that consisted of laundry detergent, fabric softener, Windex, shampoo, and can of air freshener. Observation on at 8:32am, showed a section of the flood was observed broken in building five. Photographic evidence was obtained. Class III	A 152		
A 160 SS=E	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if	A 160		

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A 160	Continued From page 9 applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule	A 160		

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A 160	Continued From page 10 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by:	A 160		

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A 160	Continued From page 11 Based on record review and interview, the facility failed to maintain the proper identification of the facility or home address to where residents were discharged for three of 30 sampled Resident (#19, #20, #21). Findings included: A review of the facilities admission and discharge logs showed that Resident #19 was discharged on to 'small, assisted living facility (ALF)"; # was discharged on to "nursing home"; Resident #20 was discharged on to "small ALF"; and Resident #21 was discharged on 'with family." The record shows that the facility does not record the address where residents are being discharged. During an interview on at 1:05pm the Administrator was puzzled about the requirement to document the address of the discharges. During an interview on at 1:05pm Staff B stated that they have "never had to do this." Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. 3. Race, 4. Date of birth, 5. Place of birth, if known,	A 162		

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A 162	Continued From page 12 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ␣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ␣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ␣ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's	A 162		

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A 162	Continued From page 13 contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , { }, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006,	A 162		

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	AL11910916	A. BUILDING: _____ B. WING _____	07/01/2025

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A 162	Continued From page 14 F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to update a health assessment to reflect the accurate needs of one of 25 sampled residents (Resident #2). Findings: On at 10:15 AM, it was observed that Resident #2 was in the common are of the facility with a walker. Interviewed on at 10:15 AM, Resident#2 stated that she in either , or . Resident #2 stated that as a result she	A 162		

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A 162	Continued From page 15 went to the hospital and then to a rehabilitation center. Resident #2 stated that since the she was advised to always use the walker when walking. A review of Resident #2's progress notes indicated the resident in and subsequently went to the hospital and on her return to the facility, the physician evaluated Resident #2 . The note further stated that 'safety measures were implemented.' A review of of Resident #2's health assessment dated showed that the resident was diagnosed with of pre- nodule, tortuously, and risk.. Physical or sensor limitations section stated. "Ambulates without assistive device." Further review showed that Resident #2 was Independent with all activities of daily living including ambulation Class III	A 162		
A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance	A 182		

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A 182	Continued From page 16 from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on Observation, interview and record review, the facility failed to ensure all staff were trained in their duties and able to implement the emergency management plan. Without the presence of maintenance personnel, the facility did not have any person on site to manually start the emergency generator in the event the automatic system fails. Findings included: Observation on at 7:19am showed Staff B knew where the emergency generator was, however, could not start it. During an interview on at 7:20am Staff B stated she did not know how to manually start the generator when asked to start the generator. During an interview on at 7:21am the Administrator stated that maintenance personnel knew how to start the generator. When asked if there were maintenance personnel on site now, the administrator stated "he is on his way." During an interview on at 7:22am Staff D stated that he and other maintenance Personnel knew how to manually start the generator. He stated that all maintenance staff work from 8:30am to 4:40pm. Staff D stated that others could turn on the device when maintenance was not present and said that the Administrator or Staff B should know. Staff D stated that he had only been on the job for 3	A 182		

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A 182	Continued From page 17 months when he was informed that the Administrator and Staff B did not know. Observation on at 10:00am showed that the administrator manually turned the generator on with instruction from Staff D. After the generator was shut down the Administrator mentioned to Staff D to conduct in-service training on how to manually start the generator. A review of the Emergency Environmental Control Plan showed that only maintenance personnel knew how to operate the Generator in the event of an outage and the automatic start mechanism failed. Class III	A 182		
A 200 SS=F	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.	A 200		

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A 200	Continued From page 18 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 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	A 200		

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A 200	Continued From page 19 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 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	A 200		

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A 200	Continued From page 20 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 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,	A 200		

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A 200	Continued From page 21 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 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.	A 200		

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A 200	Continued From page 22 (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 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	A 200		

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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 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

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A 200	Continued From page 24 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 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, interview and record review, the facility failed to have information regarding the systems and equipment that will be used by the facility and the amount of fuel required to operate the system and equipment. Finding included: During an interview on at 721am the Administrator stated that maintenance personnel know how to start the generator. When asked if there were maintenance personnel on site at that time, the Administrator stated, "he is on his way." During an interview on at 7:22am	A 200		

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A 200	Continued From page 25 Staff D stated he had only been on the job for three months. During an interview on at 10:00am Staff D stated he did not know how much fuel was under the generator and said that the generator should run for about three days. Observation on at 10:02am showed Staff D read the tank's sticker that read 200 gallons. A review of the facility Emergency Environmental Control Plan showed that the tank's capacity was 2000 gallons in one of the sections and 200 gallons in another section of the plan. There was no engineer assessment attached to the plan with regards to the generator component available for inspection. According to Duthie a 100kw generator running at half load consumes four and a half gallons of diesel allowing for only approximately 44.5 hours of continuous runtime. Class III	A 200		