

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/29/2026
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NAME OF PROVIDER OR SUPPLIER AMAZING GRACE ASSISTED LIVING HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2685 CARAMBOLA RD WEST PALM BEACH, FL 33406
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A 000	Initial Comments An uannounced Relicensure and Generator Monitoring survey was conducted at the Amazing Grace Assisted Living Home LLC on , , . The provider had deficiencies at the time of the visit.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X8) DATE

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ZZ830	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	ZZ830	

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ZZ830	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	ZZ830			

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ZZ830	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 interviews and record reviews, it was determined that, the Assisted Living Facility (ALF) failed to update and resubmit a Comprehensive Emergency Management Plan (CEMP) to the County Emergency Management (EM) office for review within 30 days after the ALF received a CEMP Rejection Letter. The findings include: During an interview on _____, at 12:33 pm, the Administrator stated that the facility's submission of the current year's CEMP was rejected due to failed fire inspection. On _____, a record review of the CEMP rejection letter dated _____ indicated that the initial review of the submitted plan on the County Emergency Management (EM) Portal was not approved stating that the plan "cannot be approved in its current state" and "the plan did not meet all of the standards." (Document obtained) A telephone interview was conducted on _____, at 2:04 PM, with the EM _____ for the County EM office. The _____ stated that the facility was notified on _____, via the County Submission Portal, that the facility's application was incomplete and required resubmission with the necessary fire plan, fire plan approval letter, and Emergency Environmental Control Plan (EECP). The _____ further stated the facility's initial submission of the current year's CEMP occurred	ZZ830		

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ZZ830	Continued From page 3 in _____ and that, since the rejection letter, the plan has been in draft form with no additional information submitted as of _____. On _____, a record review of email received at 2:56 PM from the EM _____ confirmed that the initial submission occurred on _____ and the CEMP was rejected on _____. The email further confirmed that no additional submissions had been made and plan remained in draft status. (Email obtained) On _____, a record review of email received at 2:59 PM from the EM _____ indicates that no reviewable CEMP/Fire Plan had been submitted since _____ with an email requesting submission and update of a plan on _____. The email indicates there was no submission of plan until _____. (Email obtained) Unclassified	ZZ830			