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
	AL11967975	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOGAR DULCE HOGAR	5597 WENDY LN NAPLES, FL 34112

(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 These are the results of an unannounced Complaint survey, CCR# 2012010054, conducted on [redacted] at Hogar Dulce Hogar, an Assisted Living Facility. The complaint contained one allegation which was substantiated. The facility received a citation as a result of this survey.	A 000		
A 181	58A-5.026(2) FAC Emergency Mgmt - Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency. (a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised. (b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and	A 181		

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A 181	Continued From page 1 dated addendum that is not subject to review and approval. (d) The county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure that their written comprehensive emergency management plan was submitted to the county for approval and subsequently resubmitted annually after review/revision. The finding include: Upon interview on [redacted] at 10:00 a.m., the facility Administrator stated he did not submit a disaster plan to Collier County because no one notified him to do so. All bulletin boards in the facility were observed, but a County approved disaster plan was not evidenced. The facility had completed a packet entitled "City of Naples, Florida, Emergency Operations Center, EOC) dated [redacted] which they maintained in the back of a notebook containing personnel records. There is no evidence that the packet was submitted to Collier County for 2010, 2011, and 2012 for approval.	A 181		

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A 181	Continued From page 2 The Administrator invited the surveyor to discuss this situation with the facility's consulting firm. The surveyor spoke to the firm's representative, at this time who stated she was located in Dade County and was not familiar with what the facility should do, but would find out and advise the Administrator (who has a primary language of Spanish). The representative called the facility at 10:45 a.m., and stated to the surveyor that she gave the Administrator instructions, in Spanish, on how to submit the Disaster Plan to Collier County for approval. Class III Correction Date:	A 181		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Hogar Dulce Hogar
5597 Wendy Lane
Naples, Florida 34112

Dear Administrator:

Re: CCR #2012010054

This letter reports the findings of a complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct the deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

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