

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965474	(X3) DATE SURVEY COMPLETED 12/18/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEKIWA SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Complaint Investigation #2017010400 was conducted on _____, Brookdale Wekiwa Springs, License #9829, had a deficiency at the time of the visit. 0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC Based on facility emergency plan review, outside report review and interview, the facility failed to implement their Emergency Plan when the likelihood of an emergency situation was high due to an approaching hurricane. Findings: Review of the emergency plan for the facility revealed in Section III Hazard Analysis, "Lessons learned from previous experiences include having non-ambulatory residents from the 2nd floor moved to the 1st floor when community is at risk for power outage to maintain both resident and associate safety." Also in the Plan in Section _____, Concept of Operation, subsection 5a documented "Sleeping Arrangements - All residents will sleep in their own _____." The plan did not state under what circumstances the decision to evacuate would be made or whose responsibility it was to make the call to evacuate. Review of the Florida Building code for Assisted Living Facilities, 434.4.2.2, reads, "During hours when residents are normally awake, mechanical cooling devices, such as electric fans, must be used in those areas of buildings used by residents when inside temperatures exceed 85°F (29°C) provided outside temperatures remain below 90°F (32°C). No residents shall be in any inside area that exceeds 90°F (32°C). However, during daytime hours when outside temperatures exceed 90°F (32°C), and at night, an indoor temperature of no more than 81°F (27°C) must be maintained in all areas used by residents." Review of the investigation completed by the Florida Department of Children and Families (DCF) revealed the indoor temperature reached 95 degrees in some resident areas and the freezer temperature in the kitchen read 70 degrees. In an interview with the DCF investigator on _____ at 3 PM, she stated the fire department recorded inside air temperatures of 95 degrees. She confirmed that residents who were unable to walk down the stairway were living on the second floor. In an interview with the dietary manager on _____ at 1:30 PM, she stated that during the storm she was in the facility for the length of the event. She confirmed the power went out and they were told it would take some time to restore. She said the elevators were not working, so the staff carried meals up		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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to the residents on the second floor who could not come down. In an interview with the administrator on at 1:40 PM, he confirmed the elevators were not working and residents were on the second floor. He stated he did not think the air temperature was that hot during the event, but he stated he did not measure it himself. He also stated he was unaware the Emergency Plan stated second floor residents would move to the first floor, and also noted that they would sleep in their own . He said he would review the plan again, in light of the recent hurricane and events. He confirmed that he and the facility did not follow their plan, and also said the plan needs some revisions. Class III		