

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967874	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER ANGEL CARE AT VERO BEACH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 7 AVENUE VERO BEACH, FL 32960	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure Complaint investigation, CCR#2017013273, was conducted on 01/18/2018 at Angel Care At Vero Beach, Inc., License #11859. The facility had deficiencies identified at the time of the investigation.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and an interview, the facility failed to submit their Comprehensive Emergency Management Plan annually to the county emergency planning department for review and approval.

The findings included:

On 01/18/2018 at 12:30 PM, a representative from the county emergency planning department notified this surveyor that the last Comprehensive Emergency Management Plan for this facility that was approved by the county was dated 01/18/2017. The plan was subsequently submitted for annual approval on 01/18/2018. The facility had not submitted the plan annually for review and approval by the county. The annual submission requirement of the facility's emergency plan was discussed with the Administrator at 12:00 PM on 01/18/2018. The facility provided no additional information for review at this time.

Class III

0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC

Based on interviews, the facility failed to implement their Comprehensive Emergency Management Plan when evacuating residents of the facility.

The findings included:

On 01/18/2018 at 12:30 PM, a representative from the county emergency planning department confirmed during interview that the Comprehensive Emergency Management Plan for this facility that was approved by the county on 01/18/2017 did not have a provision for the residents to be evacuated to the county emergency shelter during the hurricane that occurred in the area on or about 09/10/2017. The county emergency planning department does not allow residents of facilities to seek shelter at the county emergency shelters. This facility's staff had arrived and stayed at the emergency shelter with residents during the storm. The facility's plan was for the residents to seek shelter at their approved evacuation facility.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2018
FORM APPROVED

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The evacuation of the residents during the storm was discussed with the Administrator at 12:00 PM on She stated that the facility staff did take 5 residents to the emergency shelter on and stayed until She stated she was "not aware that evacuation to the emergency shelter was not permitted, and that she was instructed to bring the residents to the facility by an unidentified individual after deciding not to evacuate to her approved facility, as it was located in Orlando where the storm was also to impact". The facility failed to implement their emergency plan by evacuating residents to a location that was not approved by the county. The facility provided no additional information for review at this time. Class III		