

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965844	(X3) DATE SURVEY COMPLETED R 07/20/2018
NAME OF PROVIDER OR SUPPLIER FRESH HORIZON'S ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4836 35TH AVENUE VERO BEACH, FL 32967	

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

0000 - Initial Comments

An unannounced Revisit to the relicensure survey was conducted on . . . , 20, 2018 at Fresh Horizon's Assisted Living Facility, License #10323. The facility had a new deficiency and an uncorrected deficiency identified at the time of the visit.

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

Based on interviews, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) annually to the county emergency planning department for review and approval.

The findings included:

On . . . at 4:00 PM, the Staff A stated during interview that she did not know if the facility had an approved CEMP. The Administrator stated during interview on . . . at 10:30 AM that she thought the CEMP was submitted to the county but was not sure. On . . . at 10:11 AM, a representative with the county stated that the Comprehensive Emergency Management Plan was submitted to the county on . . . , but that it would not be approved as an approved Fire Plan had not been submitted with it. The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

Class III

This is an uncorrected deficiency from the Relicensure Survey conducted on

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and an interview, the facility failed to obtain approval and maintain documentation of an Emergency Environmental Control Plan (EECP) at the facility.

The findings included:

On . . . at 4:00 PM, a request was made to Staff A for documentation showing approval of the facility's EECP. Staff A stated she did not know of any documentation showing the facility's EECP had been approved by the county's emergency management agency. The Administrator stated during interview on . . . at 10:30 AM that she thought a request for an extension for the plan to be

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2018
FORM APPROVED

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submitted had been sent to the Agency. On at 10:11 AM, a county representative with the Division of Emergency Management stated that the facility did not have an approved Comprehensive Emergency Management Plan (CEMP) with their EECP included at this time. The CEMP that was submitted on would not be approved as there was information missing at this time (Fire Plan). Once the EECP is approved by the county, the facility must submit a "consumer friendly version" to the Agency within two (2) days. No further information was provided at the time of survey. Class III		