

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965850	(X3) DATE SURVEY COMPLETED 09/12/2018
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1845 GARFIELD STREET HOLLYWOOD, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Complaint Survey, CCR# 2018009523 was conducted on _____ at Buckingham Place LLC, Assisted Living Facility, License #10172. The facility had deficiencies identified at the time of the survey. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency. The findings included: Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on _____, no current documentation was provided. Review of the CEMP approval letter dated for _____ revealed that the most current CEMP on file was valid through _____. During an interview with the Owner and the Administrator on _____ revealed that an updated Plan was submitted to the Local Emergency Management division on _____, less than 60 day prior to the plans required expiration renewal date. On _____ at 10:51 AM, the Owner contacted the Local Emergency Management Division for a status update on the approved CEMP. The Owner received no answer, and left a voice message. The Owner contacted the Local Emergency Management Division for a second time at 10:55 AM on _____ and again received no answer or return call back. During this time, the Administrator and the Owner acknowledged that the facility does not have a CEMP approval letter. No further information was provided for review at this time. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review, and interview, the facility failed to implement notification of the Emergency Environmental Control Plan (EECP) in writing to each resident and the resident's legal		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2018
FORM APPROVED

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representative within 5 business days of implementation of the plan. The findings included: Review of Facility's file for Emergency management on revealed that the facility had an approved EECF letter dated for . Further review of the file revealed that the facility implemented their plan for the fixed generator on , no documentation in the file of notifications to the residents, the residents family members or staff was observed. During an interview with the Owner on at 10:24 AM, it was stated that the facility has implemented the new generator plan and has told the residents about it but has not implemented anything in writing. During this time, the generator regulation and the requirements (including notifications) was reviewed with the Owner. The findings were discussed and acknowledged, no further documentation was provided for review. Class III		