

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966386	(X3) DATE SURVEY COMPLETED 10/08/2018
NAME OF PROVIDER OR SUPPLIER TRADITION OF THE PALM BEACHES	STREET ADDRESS, CITY, STATE, ZIP CODE 4880 LORING DRIVE WEST PALM BEACH, FL 33417	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) survey was conducted on _____ at The Tradition of the Palm Beaches, License #10577. The facility had a deficiency identified at the survey.

A Generator Assessment was conducted during this survey; no concerns identified related to the assessment.

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

Based on staff interviews and facility record review, the facility failed to obtain the required approval of their comprehensive emergency management plan (CEMP) from the local Emergency Management Division.

The findings included:

A review of the facility's CEMP records conducted on _____ at 3:33 PM, with the Administrator present, revealed no documentation showing the facility had obtained the required approval of their CEMP from the local Emergency Management Division (_____).

In an interview conducted on _____ at 5:50 PM, the Administrator stated the facility's CEMP was submitted on _____ but the facility was not timely in responding to a request for revision. She presented documentation showing the plan was submitted on _____.

In a telephone interview conducted on _____ at 11:24 AM, a representative of _____ was asked for the history of the most recent CEMP. She provided the following information:

1. The last approval for this facility's CEMP was issued on _____.
 2. The next CEMP was scheduled to be reviewed, updated as needed, and submitted to PBCEM by _____.
 3. This CEMP was received until _____ (about 9 months late); it was reviewed and rejected by _____.
 4. The next CEMP was received on _____ (about 7 months later); it was reviewed and rejected by _____ on _____.
 5. A revision to the CEMP was received by _____ on _____; it was reviewed and rejected on _____.
- This made the CEMP late by about 1 year and 8 months.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/23/2018
FORM APPROVED**

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Class III		