

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966262	(X3) DATE SURVEY COMPLETED 09/25/2018
NAME OF PROVIDER OR SUPPLIER AMAZING CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2620 NORTH 62ND AVENUE HOLLYWOOD, FL 33024	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018009496 was conducted on ... at Amazing Care, Inc., License #10476. The facility had deficiencies at the time of the survey.

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

Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

The findings included:

Record review of the facility's CEMP letter revealed it was dated ... by the local County Authorities with an expiration date of ... The facility failed to submit a new plan to the local Emergency Management officials for review and approval annually. The facility is required to submit the new plan 60 days prior to the expiration date.

The Administrator confirmed the findings and no further documentation provided.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to develop written policies and procedures to ensure the facility can effectively operate and maintain the alternate power source. The facility also failed to notify each resident/resident representative in writing of the emergency plan.

The findings included:

During an interview with the Administrator, on ... at 10:30AM, he stated that the facility does not have a written policy and procedure on how to maintain and operate the alternative power source. Including any additional fuel that is necessary to operate the generator, how to test the generator, the frequency, and documentation of who and when it occurs. The Administrator was unaware of including how the facility will monitor the air temperature (not exceed 81 degrees) and residents body

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temperature, hydration , and documenting it. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan. During an interview with Staff A, on at 11:00AM, she was unable to provide knowledge of the facility's emergency plan in case of a power outage. During an interview with the Administrator on at 1:30 PM, she confirmed the findings. Class III		