STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968633	**09/25/2018**
NAME OF PROVIDER OR SUPPLIER **EVELYN'S PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4901 JEFFERSON STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2018009501, was conducted on . . . . at Evelyn's Place, Inc., License #12519. The facility had deficiencies at the time of the visit.

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:

During an interview with the Administrator, the facility's CEMP approval letter was requested. Upon review of the letter provided, it was noted the letter was dated . . . . with an expiration date of . . . by the local County Authorities. Further review, of a certified letter dated from the local Emergency Management Division, indicates the facility needs to correct CEMP deficiencies with a deadline date of . Further review revealed another Certified letter dated of Notice of Violations; and a letter from AHCA dated . . . . stating that the facility need to submit plan within 2 business days. 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. In addition, any fuel required for the operation of the alternate power source, including failed to in-service staff on the facility's plan and failed to notify each resident/resident representative in writing of the emergency plan.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968633	**09/25/2018**
NAME OF PROVIDER OR SUPPLIER **EVELYN'S PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4901 JEFFERSON STREET** **HOLLYWOOD, FL 33021**	

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

The findings included:

During an interview with the Administrator, on at 2:00PM, she 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 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 2:30PM, she was unable to provide knowledge of the facility's emergency plan in case of a power outage.

The Administrator confirmed the findings.

Class III