

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965844	(X3) DATE SURVEY COMPLETED R 10/15/2018
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 relicensure revisit survey was conducted on _____ by desk review for Fresh Horizons(Lic#10323). The facility had uncorrected deficiencies identified at the time of the survey.

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

Based on interviews and record reviews, 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.

During a revisit survey conducted on _____ at 1:00PM, spoke to the Administrator who stated the facility has a generator, however the plan has not been approved. She has been working with the local emergency management agency to get plan approved. The facility has not requested an implementation extension from the Agency for Health Care Administration as of today.

On _____ at 4:00PM, surveyor spoke to a representative at the Indian River County Emergency management division, who stated the facility has not had an approved plan since 2010. She stated an initial plan was submitted, a notice of deficiency was given and the facility submitted the corrections on today _____ for the and the CEMP. The facility does not have an approved CEMP at this time.

Class III

This is an uncorrected deficiency from the Relicensure revisit conducted on _____.

0200 - Emergency Environmental Control - 58A-5.036 FAC

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2018
FORM APPROVED

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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 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). During a revisit survey conducted on at approximately 4:00PM, the surveyor called the Administrator and requested an approved EECP plan. The Administrator stated the facility has a generator, however the EECP plan has not been approved. She has been working with the local EMA to get plan approved. The facility has not applied for an implementation extension from AHCA as of today. On at 4:00PM, surveyor spoke to a representative from the Indian River County Emergency management division, who stated the facility has submitted a plan for approval, however the plan did not meet the Agency for Health Care Administrations standards. A notice of deficiency was given, and she has met with the facility to go over the needed items. The facility submitted the correction on today for the EECP. The facility does not have an approved EECP at this time. Class III		