

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953238	(X3) DATE SURVEY COMPLETED R 01/07/2019
NAME OF PROVIDER OR SUPPLIER HOLLYWOOD BEACH RET. HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1722-26 MADISON STREET HOLLYWOOD, FL 33019	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint revisit survey, CCR #2018009530, was conducted by desk review on _____ for Hollywood Beach Retirement Home, License #5026. The facility had an uncorrected deficiency at the time of the survey. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) for review and approval annually. The Findings Included: a) Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on _____ for the facility, no current documentation was provided. Upon review of the most current CEMP approval letter on _____ dated for _____, it was revealed that the facility's CEMP was valid up until _____. b) During a complaint desk review revisit on _____ at approximately 9:20AM, the facility approved CEMP was requested. During an interview with the Administrator, at this time, _____ stated that the facility submitted the CEMP on _____, and received a Notice of Deficiency on _____. The Administrator stated she submitted the CEMP revision to the local emergency management agency on _____ and the facility is awaiting response from the county. The facility provided submissions receipts. At this time the facility does not have an approved CEMP. An interview with _____ was conducted with the Broward Emergency Management Agency on _____ at 09:10AM, it was revealed the CEMP was under review, initially submitted on _____ and on _____, _____ 1st Deficiency was given. The initial CEMP had been canceled, and a new CEMP was re-submitted on _____. The facility received a 1st notice of deficiency _____, the facility submitted a revision on _____ and the plan is under review. During an interview with the Administrator on _____ at approximately 9:27AM, she acknowledged the findings and provided no additional documentation for review. Class III Uncorrected		