

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968609	(X3) DATE SURVEY COMPLETED R 01/25/2019
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3815 NW 10TH STREET DELRAY BEACH, FL 33445	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on and for Ashley Manor, Inc, License #12499. The facility had an uncorrected deficiency at the time of the desk review.

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

a) On at 10:00 AM, an interview was conducted with Staff A, the Home Health Aide (HHA) on duty at this time. She stated the Administrator was away from the facility for the day. She stated she did not know where to locate the plan.

On at 11:30 AM, an interview was conducted with the Assistant Administrator. She stated she was only a Consultant. She stated she did not know where to locate the CEMP.

b) On a review of the facility records revealed the files lacked documentation that the facility's Comprehensive Emergency Management Plan (CEMP) was submitted for review and approved by the local emergency management agency.

On at 01:30 PM, during a telephone interview with the Administrator, she stated that she was unavailable to come to the facility to provide the requested documentation. She further stated that all plan of correction documents were in the facility's files. However, further record review revealed no evidence of an approved CEMP, as required.

c) On, the facility Comprehensive Emergency Management Plan (CEMP) was requested. The Administrator stated the facility submitted the CEMP for approval but has not received an approval letter.

On at 3:30PM, during a telephone interview with the representative for the Administrator, she acknowledged the facility does not have a approved CEMP on file.

d) Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2019 by, no current documentation was provided.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

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During an interview with the Administrator at 4:29 PM on , it was stated that the county rejected my CEMP three times and that I am going to pay someone to start over and make me a new one. It was also stated that I am going to submit it for a fourth time on Monday. During this time, the Administrator acknowledged that the facility does not have a current CEMP approved, no further information was provided for review during this time. Class III Uncorrected		