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| STATEMENT OF DEFICIENCIES                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965179</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>02/25/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAFE HARBOR ASSISTED LIVING RESORT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1320 SW 26TH STREET<br/>FORT LAUDERDALE, FL 33315</b> |                                                           |

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

**0000 - Initial Comments**

An unannounced revisit to the licensure complaint survey, CCR #2018018162, was conducted on \_\_\_\_\_ at Safe Harbor Assisted Living Resort, License #9568. The facility had uncorrected deficiencies identified at the time of the survey.

**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. Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year of 2018 through 2019 on \_\_\_\_\_ and \_\_\_\_\_ no documentation was ever provided.

During an interview with Owner 2 at 11:00 AM \_\_\_\_\_ it was stated that the CEMP was resubmitted to the County and that we should have it \_\_\_\_\_ before the end of the year and also that the Administrator has the information for the CEMP.

Upon requesting documentation from the Administrator on \_\_\_\_\_ at 11:37 AM for the last approved CEMP it was stated that I do not have any knowledge of the CEMP because that stuff is taken care of by the Owners.

During an additional interview with Owner 2 and the Administrator on \_\_\_\_\_ at 9:55 AM, both staff were informed that neither staff member has been able to provide any documentation of the CEMP, the submission dates, or the last time a CEMP has been approved from the local Emergency Management Division. Owner 2 stated during this time that I will sit at the office tomorrow hoping the lady comes out for the CEMP to find out what's going on. The findings were discussed and acknowledged with both staff, no further information was provided for review during this time.

B. A revisit survey was conducted on \_\_\_\_\_ and the most current CEMP approval letter from the local Emergency Management Division was requested. During this time, no CEMP approval letter was provided.

During an interview with Owner #1 regarding the CEMP approval at 11:00 AM on \_\_\_\_\_ from Broward

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                           |
| <p>County Emergency Management, it was stated that we are working on the changes and I have not submitted it yet. The Owner was informed that the same information was provided in . . . . . when it was stated that the CEMP was going to be submitted on the day of the survey. The Owner stated for a second time that I will submit it today. During this time, the findings were acknowledged that the facility still does not have an approved CEMP. No further information was provided for review.</p> <p>Class III<br/>Uncorrected</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on observation, record review, and interview, the facility failed to maintain a sufficient alternate power source (generator) on site and have an approved Emergency Environmental Control Plan (EECP) implemented that provides notification of the plan in writing to each resident and the resident's legal representative in the event of a loss of electrical power.</p> <p>The findings included:</p> <p>A. Review of the information submitted to the Agency for Health Care Administration (AHCA) revealed that the facility had an extension to obtain an alternate Emergency Power source dated until . . . . . Upon completing a Generator Assessment for the facility on . . . . . documentation was requested to review the facility's EECP form approved by the Local Emergency Management Division. Throughout the duration of the survey for that day, no documentation was ever provided.</p> <p>Upon request from the Owners and the Administrator to observe the Generator It was stated by Owner 2 over the phone on . . . . . at 9:55 AM that the Generator is Atlanta and that the generator is supposed to be here either today or tomorrow. The person that hooks up the gas should be here on Thursday. It was stated that they were supposed to be here this past Saturday but the generator is not here yet.</p> <p>During an interview with the Administrator on . . . . . at 10:02 AM it was stated that the owner did not get the generator. He said it would be here by Monday which is today. When asked what do the staff do in an emergency? it was stated that the Owner brings two portable generators that run the a/c in the dining room area and in the . . . . . area, and also they bring in fans. During this time the Administrator verified that in the event of a loss of electrical power, the staff will have to wait for the Owners to bring</p> |                                                                                                   |                                                           |

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/19/2019  
FORM APPROVED

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| <p>the generators on site to the facility, and that until then, the staff will have no way of keeping . . . . air temperatures at or below 81 degrees Fahrenheit to keep the residents cool. The findings were discussed and acknowledged, no further information was provided for review during this time.</p> <p>B. Upon request from the Owners and the Administrator to observe the Generator on the Revisit Survey conducted on 2/25/2019, no generator was at the facility, and neither the Owner or the Administrator had implemented a plan in place to keep the residents cool in the event of a primary loss of electrical power.</p> <p>During an interview with Owner #1 at 11:05 AM on . . . . , it was stated that 3 weeks ago they delivered the wrong one and we had them send it . . . and now we are waiting for the right one to be delivered, the "name of the company."</p> <p>During this time, it was acknowledged that the facility does not have a generator or plan in place in the event of a loss of primary electrical power to . . . air temperatures at or below 81 degrees inside of the facility. The information for the correct generator to be delivered was provided, no additional information was provided during this time for review.</p> <p>Class III<br/>Uncorrected</p> |                                                                                                   |                                                           |