

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922257	(X3) DATE SURVEY COMPLETED R 03/18/2019
NAME OF PROVIDER OR SUPPLIER VICTORIA GARDENS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST 9TH STREET RIVIERA BEACH, FL 33404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure revisit survey was conducted on at Victoria Gardens ALF, License #5594. The facility had uncorrected deficiencies at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview and record review, the facility failed to renew its emergency management plan on an annual basis. The facility also failed to ensure that any plan approved by the local emergency management agency is considered to have met all the criteria and conditions. The findings included: On at 10:00 AM, a request was made to the Administrator to provide evidence of the approval letter from the local agency. She stated that she had received a letter dated indicating the plan that was submitted had been rejected. A review of the letter indicated the facility was required to submit additional documentation for approval. A receipt dated revealed that the facility had resubmitted their plan for approval. On at 11:30 AM, an interview was conducted with the Administrator. She acknowledged that she had not yet received the annual approval letter from the local emergency agency. Class III Uncorrected 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the facility failed to ensure that a Emergency Environmental Control Plan (EECP) was prepared and submitted to the local emergency management agency for review and approval. The findings included: On at 10:00 AM, a request was made to the Administrator to provide evidence of the approval letter for the EECP. She stated that the facility had to replace the previous portable generator because it was stolen. She stated she now has a large GenerAc, which is stored in the rear of the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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facility. She stated she is requesting a waiver (extension) from the local state agency to submit the new generator plan for approval. On at 11:00 AM, a tour of the facility was conducted. An observation was made of a large fixed generator in the rear of the facility. The tour concluded that the monoxide detectors had not been installed in the facility. The residents and their authorized representatives had not been notified in writing; of the facility's emergency plan. On at 11:30 AM, an interview was conducted with the Administrator. She acknowledged the findings. Class III Uncorrected		