

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964942	(X3) DATE SURVEY COMPLETED 03/21/2019
NAME OF PROVIDER OR SUPPLIER PLANTATION RETIREMENT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2654 GRAND BLVD. HOLIDAY, FL 34690	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial re-licensure survey was conducted at Plantation Retirement. Deficient practice was identified during the survey.

(License #9497)

0081 - Training - Staff In-Service - 58A-5.0191() FAC

Based on record review and interview, the facility failed to provide proof of in-service training regarding the facility's resident elopement response policies and procedures (Elopement Training), within 30 days of employment, for one (Staff A) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A was hired on . A review of Staff A's record showed no proof of Elopement Training.

An interview was conducted with the Administrator at 3:05 PM on concerning the lack of proof of Elopement Training for Staff A. The administrator reviewed Staff A's record and acknowledged that there was no proof of Elopement Training.

Class III

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

Based on record review and interview, the facility failed to provide proof of submission and approval from the local emergency management agency for their comprehensive emergency management plan (CEMP).

Findings included:

A review of the facility's CEMP conducted on showed the last approval date was .

The owner was interviewed at 9:40 AM on concerning their CEMP. The Owner stated that they

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964942	(X3) DATE SURVEY COMPLETED 03/21/2019
NAME OF PROVIDER OR SUPPLIER PLANTATION RETIREMENT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2654 GRAND BLVD. HOLIDAY, FL 34690	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
had not yet received approval for the CEMP and had no proof that it had been submitted to the local emergency management agency. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the facility failed to develop written policies and procedures to ensure that the facility can effectively and immediately operate and maintain the alternate power source and any fuel required (Policies and Procedures), maintain the required amount of fuel onsite to operate the alternate power source, and notify residents and responsible parties in writing of approval and implementation of their emergency environmental control plan (EECP). Findings included: An interview was conducted with the Owner beginning at 11:41 AM on _____ concerning the facility's EECP. The Owner stated that they did not have Policies and Procedures. The Owner stated that they had 20 gallons of fuel on the premise and the plan required 72 gallons of gallons to maintain the alternate power source for 96 hours. The Owner was interviewed again at 1:18 PM on _____ and they stated that they had not notified residents and responsible parties in writing that the facility's EECP had been approved and implemented. Class III		