STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964400	R 04/04/2019
NAME OF PROVIDER OR SUPPLIER **CARPS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3217 BROADWAY** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced revisit to the reclicensure survey was conducted on at Carps Assisted Living, (License # 9012). The facility had uncorrected deficiencies found 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 ensure that a Comprehensive Emergency Management Plan (CEMP) was submitted to the local emergency management agency for review and approval.

The Findings Included:

On at approximately 10:00AM, a copy of the facility's approved CEMP was requested. At this time, the Administrator stated the facility took ownership several years ago and the new facility has never had an approved CEMP. The Administrator stated they are working on the CEMP but have not submitted it for approval.

During an interview with the Administrator on at approximately 12:30PM, the Administrator acknowledged the findings and provided no additional documentation for review.

During the revisit survey conducted on , the CEMP was not corrected. The Administrator did not receive a CEMP approval letter.

Class III
Uncorrected

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to ensure a Environmental Emergency Control Plan (EEC) was submitted to the local emergency management agency for review and approval. The facility also failed to ensure that a alternate power source was stored at the facility with the required amount of fuel to ensure an temperature of 81 degrees are maintained in the event of an electrical power failure.

The Findings Included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

a) On at approximately 10:45AM, a copy of the facility EECP was requested. At this time, the Administrator stated the facility has not submitted an EECP for approval to the local emergency management agency due to delays with the contractors. The facility received a extension which expired on . The facility failed to submit a variance request to the Agency for Health Administration and the Department of Elder Affairs. At this time, the Administrator was interviewed regarding the facilities alternate power source. He stated the facility has a generator, but it is stored at another location and no fuel is kept on site.

During an interview on at approximately 11:00AM, the Administrator acknowledged the findings and provided no additional documentation for review.

b) During the revisit survey conducted on , the following items were not corrected:

1) The Administrator did not acquire the alternate power source (generator).

2) The Administrator did not notify in writing the resident/representative of the implementation and final approval of the EECP.

Class III
Uncorrected