STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965313	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **CARLISLE PALM BEACH, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST OCEAN AVENUE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An unannounced licensure Complaint survey, CCR #2019004154, was conducted on , concluding on , at The Carlisle Palm Beach (License #9713). The facility had deficiencies identified at the time of the investigation.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interviews and record review, it was determined the facility failed to provide an effective grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C., for 1 out of 3 sampled residents (Resident #1).

The findings included:

On at 10:30 AM, Resident #1 stated he had filed a formal grievance with the facility related to air quality in his apartment "2 months after the water damage had occurred in ". The approximate time when the resident had emailed the facility regarding the air quality concerns in his apartment was in .

During interview with the Administrator on at 11:30 AM, he stated that he was not employed by the facility at the time that the resident's grievance was submitted, but was aware of the resident's grievance. The Grievance Policy and Procedure was reviewed and instructs the facility to document grievances on the Grievance Log, then document the resolution within 30 days of receipt of a grievance.

Review of the Grievance Log showed the last grievance documented by the facility was in . There was no documentation of Resident #1's grievance or response to the resident's concerns noted on the Grievance Log.

The facility failed to follow their policy and procedure for grievances. The facility provided no additional information for review at this time.

Class III

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

Based on interviews, the facility failed to submit their Comprehensive Emergency Management Plan annually to the county emergency planning department for review and approval.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

On at 10:00 AM, the Administrator stated during interview that there was no approved Comprehensive Emergency Management Plan by the county. The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

On at 4:21 PM, a county representative with the Division of Emergency Management stated that the facility's last approved CEMP was dated , and expired on . Their last plan was submitted in , but was rejected. The county does not have an approved CEMP for this facility as of this date.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interviews, the facility failed to obtain approval and maintain documentation of an approved Emergency Environmental Control Plan (EECP) at the facility.

The findings included:

On at 11:00 AM, a request was made to the Administrator for documentation showing approval of the facility's EECP. The Administrator stated during interview at this time that he did not know of an approved EECP.

On at 4:21 PM, a county representative with the Division of Emergency Management stated that the facility did not have an approved EECP at this time. The facility submitted an EECP on , , , but that plan was rejected.

Once the EECP is approved by the county, the facility must submit a "consumer friendly version" to the Agency within two (2) days.

The facility provided no additional documentation for review at the time of survey.

Class III