

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966112	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER ORANGE BLOSSOMS VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 10331 PIPPIN LANE ROYAL PALM BEACH, FL 33411	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted on at Orange Blossoms Villa. The facility had a new and uncorrected deficiencies found at the time of the survey.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation and interviews, the facility failed to ensure that 3 of 5 employees' records (the Administrator, The Manager, & Employee A) were maintained at the facility and were readily available for review upon request.

The findings included:

On during a relicensure revisit and record review, the Facility's Manager was asked to provide evidence of her completed 12 hours Core training update and those of the Administrator for which the facility was cited. The Manager reported that the records were not at the facility. When asked to provide evidence of the Physical examination completed by Employee (A), she again indicated that such records were also not available. The Manager reported that they were kept at a different location.

During an interview with the Administrator on at 11:00 AM, she indicated that she was not aware that the records were not kept at the facility. She stated that she will have the situation rectified.

Class III

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

Based on interview and record review, the facility failed to obtain an approved Comprehensive Emergency Management Plan (CEMP) by the local emergency management agency .

The findings included:

On , a review of the facility's CEMP was conducted. The most recent CEMP approval letter was dated The facility had submitted a new CEMP for approval. This plan was rejected on The last CEMP submitted for approval on was also rejected. The facility resubmitted the plan on as reflected on the copy of the receipt provided by the facility's Manager.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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On at 011:00 AM, an interview was conducted with the Manager and the Administrator. They stated they were awaiting for the final approval from the County. They thus acknowledged the findings. Class III Uncorrected 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, interview and record review, the facility failed to show evidence that the required fuel for the generator was on site for emergency purposes. The findings included: On at about 1:15 PM, a tour was conducted with the Administrator to verify the available fuel. The Administrator reported that the fuel was stored in a shed outside. However, all attempts to gain access to the shed failed, it was locked and no one had the key to open it. Review of the facility's approved Emergency Environmental Control Plan (EECP) revealed that an approval date of Based on information provided by the Administrator on at about 1:15 PM, there are supposedly 24 gallons of fuel available at the facility. Class III Uncorrected		