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| STATEMENT OF DEFICIENCIES                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965602</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>05/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OPEN ARMS ALF</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4652 BELVEDERE ROAD<br/>WEST PALM BEACH, FL 33415</b> |                                                     |

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

**0000 - Initial Comments**

An Abbreviated Re-licensure survey was conducted at Open Arms ALF on . . . . . The provider had deficiencies at the time of the visit.

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

Based on record review, observation and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

Findings Include:

During the Re-licensure Survey conducted on , this surveyor requested the facility's current CEMP approval letter. At 9:21 AM, the Administrator provide the CEMP Binder and stated that she had submitted the request, but had not received anything yet. This surveyor conducted a review of the facility's CEMP binder and observed a CEMP submittal receipt dated . . . . . No other CEMP letters were observed in the binder.

On at 1:26 PM this surveyor interviewed the Administrator and again inquired about the status of their CEMP, and requested to see any CEMP approval letter they may have. The Administrator stated that they had them there, but could not find them. The Administrator stated that she has one good through , but could not find it. Stated she will "go to the place" and get a copy and provide it.

On at 2:28 PM, this surveyor met with the Administrator to conduct the Exit Interview. This surveyor restated the findings of the survey, including a current CEMP approval letter not being available/provided. The Administrator stated that she will get a copy and provide it to me.

Class III

**2813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC**

Based on observation, record review and interview, the facility failed to ensure that the Attestation form was completed/or in the file for one (1) of three (3) employees reviewed.

Findings Include:

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965602</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>05/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>OPEN ARMS ALF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4652 BELVEDERE ROAD<br/>WEST PALM BEACH, FL 33415</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                     |
| <p>During the Re-licensure Survey conducted on _____, this surveyor conducted a review of the facility's employee files. During review of Employee C's file, this surveyor did not observe the Attestation of Compliance with Background Screening Requirements (Attestation) document in Employee C's file.</p> <p>On _____/2109, this surveyor interviewed the Administrator and requested the Attestation form for Employee C. The Administrator reviewed the file and was unable to locate the document, and stated she will have her complete one.</p> <p>On _____ at 2:28 PM, this surveyor met with the Administrator to conduct the Exit Interview. This surveyor restated the findings of the survey, including a current CEMP approval letter not being available/provided. The Administrator stated that she will get a copy and provide it to me.</p> <p>Unclassified</p> <p><b>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</b></p> <p>Based on observation record review and interview, the facility failed to ensure that one (1) of three (3) employees reviewed (Employee C) was listed on the Background Screening Clearinghouse Roster.</p> <p>Findings Include:</p> <p>During the Re-licensure Survey conducted on _____, this surveyor conducted a review of the facility's employee files. During review of employee C's file, this surveyor did not observe documentation of the employee being registered with the Clearing House. In addition, this surveyor performed a review of the Background Screening Clearinghouse Roster for the facility on _____ and _____. Both reviews revealed that Employee C's name was not included on the facility's roster.</p> <p>On _____/2109, this surveyor interviewed the Administrator and inquired as to the status of the Employee Cs inclusion on the facility's Background Screening Clearinghouse Roster. The Administrator states she was not aware and that someone does it for her, and will have them add her (Employee C).</p> <p>On _____ at 2:28 PM, this surveyor met with the Administrator to conduct the Exit Interview. This surveyor restated the findings of the survey, including employee C absence from the Background Screening Clearinghouse Roster. The Administrator restated that they will have employee C added.</p> <p>Unclassified</p> |                                                                                                   |                                                     |