

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968426	(X3) DATE SURVEY COMPLETED R 04/17/2019
NAME OF PROVIDER OR SUPPLIER LA COLONIA II ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 637-639 SE 12TH CT CAPE CORAL, FL 33990	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on at La Colonia II Alf Inc., an assisted living facility in Cape Coral, Florida. This was a follow up to the biennial survey completed on The following is the description of the deficiency found at the time of this visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on facility record review and staff interview, the facility failed to have an approved Comprehensive Emergency Management Plan (CEMP). The findings included: A review of the facility's comprehensive emergency management plan on at 9:00 a.m., failed to reveal documentation the plan was reviewed and approved by the local emergency management agency. On at 9:10 a.m., the Office Assistant said they submitted their plan and have been in contact with the local emergency management agency. She said they still have not received any correspondence acknowledging the plan has been reviewed and approved. The Office Assistant said she did not have any additional documentation to verify compliance. Class III		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968426	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/17/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LA COLONIA II ALF INC

**637-639 SE 12TH CT
CAPE CORAL, FL 33990**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit survey was conducted on _____ at La Colonia II Alf Inc., an assisted living facility in Cape Coral, Florida. This was a follow up to the biennial survey completed on _____. The following is the description of the deficiency found at the time of this visit.	{A 000}		
{A 181}	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.	{A 181}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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{A 181}	Continued From page 1 (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on facility record review and staff interview, the facility failed to have an approved Comprehensive Emergency Management Plan (CEMP). The findings included: A review of the facility's comprehensive emergency management plan on at 9:00 a.m., failed to reveal documentation the plan was reviewed and approved by the local emergency management agency. On at 9:10 a.m., the Office Assistant said they submitted their plan and have been in contact with the local emergency management agency. She said they still have not received any correspondence acknowledging the plan has been reviewed and approved. The Office Assistant said she did not have any additional documentation to verify compliance. Class III	{A 181}			