

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/03/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARLISLE PALM BEACH, THE

**450 EAST OCEAN AVENUE
LANTANA, FL 33462**

(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 to the Complaint survey, Complaint Number 2019004154, was conducted on _____ at The Carlisle Palm Beach. The facility had an uncorrected deficiency identified at the time of the survey.	{A 000}		
{A 181} SS=D	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. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.	{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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NAME OF PROVIDER OR SUPPLIER CARLISLE PALM BEACH, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462		
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{A 181}	Continued From page 1 (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 interviews, the facility failed to submit their Comprehensive Emergency Management Plan annually to the county emergency planning department for review and approval. The findings included: a) 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. b) On _____ at 12:00PM, the facility approved CEMP was requested. The Administrator provided a copy of the initial submittal receipt dated _____ and a rejection letter dated _____. At this time, the Administrator stated the facility has not submitted the second revision for review to the county emergency planning department.	{A 181}			

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STATE FORM