

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/15/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ORANGE BLOSSOMS VILLA

10331 PIPPIN LANE

ROYAL PALM BEACH, FL 33411

(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 A Standard Re-licensure Survey Revisit was conducted at Orange Blossom Villa on 07/15/2019. The provider had deficiencies at the time of the visit.	{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. (e) Any plan approved by the local emergency	{A 181}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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{A 181}	Continued From page 1 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 record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date/or approved by the Local County Emergency Management Division. Findings Include: a) 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 shows a receipt dated _____. On _____ at 03:00 PM, an interview was conducted with the Administrator. She stated they were awaiting for fire inspection approval. She acknowledged the findings. b) 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. On _____ at 01:00 AM, an interview was conducted with the Manager and the Administrator. They stated they were awaiting for	{A 181}		

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{A 181}	Continued From page 2 the final approval from the County. They thus acknowledged the findings. c)On a Re-licensure Revisit was conducted at the facility. During the revisit, this surveyor interviewed the Administrator and inquired as to the status of their CEMP approval. The Administrator stated they do not have it yet. A review of the CEMP approval request letter reveals the CEMP was rejected on The Administrator advised this surveyor that she "Just called them this morning, they said they are done with it and will be mailing it out." She also stated she was going to contact them today. On at 3:52 PM, this surveyor met with Administrator to conduct the Exit interview. Discussed were the findings of the visit, specifically the status of the facility's CEMP which had not been approved/received at the time of the survey. The Administrator acknowledged the findings and stated she will send it to when received. This surveyor also advised the Administrator of the supervisory review and the ten (10) day response time from our office. Class III	{A 181}		