Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953279	A. BUILDING: _____ B. WING _____	05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

(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 complaint survey for CCR# 2019004904, CCR# 2019001552, CCR# 2019001690, and CCR# 2019006652 was completed on . . . . through . . .. . . at The Palms of Punta Gorda, an assisted living facility in Punta Gorda, Florida. Complaint #2019004904 contained 1 allegation which was substantiated with deficiency. Complaint #2019001552 contained 4 allegations, of which 2 were unsubstantiated and 2 were substantiated with deficiencies. Complaint #2019001690 contained 1 allegation which was substantiated with deficiency. Complaint #2019006652 contained 2 allegations, of which 1 was unsubstantiated and 1 was substantiated with deficiency. The following is description of the deficiencies.	A 000		
A 030	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident	A 030		

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A 030	Continued From page 1 complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own	A 030		

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A 030	Continued From page 2	A 030		

sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.
(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and

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A 030	Continued From page 3 personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . .	A 030		

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A 030	Continued From page 4 for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free	A 030		

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A 030	Continued From page 5 telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that	A 030		

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A 030	Continued From page 6 which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on staff and resident interviews, and record review, the facility failed to honor resident rights to have their grievance/complaint investigated for 3 (Resident #4, #6, and #11) of 15 residents. The facility further failed to inform the complainant of the results of the investigation in a timely manner as noted in their grievance policy. The findings included: On at 11:00 a.m., Resident #6's husband said his wife lives in the locked memory care unit. Because of the higher level of care needed for the residents in the memory care unit he has complained to administration several times over the past couple of months they need more staff on the memory care unit. Because of the lack of staffing, especially on the weekends, call lights and routine daily care is not completed as required and timely. He has spoken to facility staff to include the Executive Director (ED) and Director of Nursing (DON) and no one has gotten to him about his complaints. On at 11:20 a.m., Resident #11's wife said her husband has been at the facility for several weeks in the memory care unit. She visits her husband every day and 2 weekends ago her husband wore the same clothes and was not shaved for 3 days in a row. She filed a grievance with the nursing staff over a week ago and as of	A 030		

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A 030	Continued From page 7 this time no one has addressed her grievance about her husband not being shaved daily as requested. On . . . at 2:00 p.m., Resident #4 said she has had multiple complaints related to care not provided to her husband. She has filed multiple complaints, the facility does not have enough staff causing him to lay in bed for a long time without assistance. She also said in . . . she had to call the police because someone in the facility stole her husband's wedding ring and money from their room. The police came and did an investigation but did not anyone. The facility never did an investigation even though she asked them several times about her husband's missing wedding . . . and the missing money. On , review of the resident council meeting minutes revealed the . . . meeting said the resident rooms needs dusting and mopping, a light is needed in the parking lot because it is too dark, resident aides are not showing up on time causing the kitchen staff to serve them breakfast and they need to have resident aides in the dining room for the lunch meal. The . . . resident council meeting minutes said the resident's rooms needing dusting and mopping concern has been resolved and housekeeping does a great job. The resident council meeting minutes said they need more resident aides and staff is not showing up to work. The resident council meeting minutes said the residents are not happy waiting on their medications, they need the exterminator to visit	A 030		

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A 030	Continued From page 8 more often and the aides are not assisting the residents in the dining rooms. On at 3:40 p.m., the Activity Director said she runs all the resident council meeting and takes the minutes for the meetings. She is responsible to address all the grievances and report to the residents at the next resident council meeting. She reviewed the , , , and resident council meeting minutes and confirmed the grievances listed. She said she has resolved all the residents' grievances but does not have documentation and/or evidence she could produce how she investigated each grievance and how she resolved the grievance listed in the resident council meeting minutes. On a review of the facility's grievance policy stated all grievances will be investigated and reported to the concerned party. On at 3:15 p.m., Resident #15 said he attends the majority of the resident council meetings and the biggest problem he sees is communication. The residents will tell the facility every month all of their concerns and grievances but the facility staff will not tell them what they are doing to address their grievances. The facility staff does not communicate with them about how they are , and/or investigating their concerns and does not report to them their findings. On at 4:00 p.m., the ED said the facility's grievance policy states they will investigate and report their findings to the concerned party. She said she was unable to find documentation they had investigated Residents #4, #6, #11 and the monthly resident council meeting grievances	A 030		

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A 030	Continued From page 9 and reported . . . to them their findings and resolutions as per their grievance policy. Class III	A 030		
A 081	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its	A 081		

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A 081	Continued From page 10 . . . . . control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne . . . . . , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training	A 081		

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A 081	Continued From page 11 regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete the in-service required by Florida Administrative Code within 30 days of employment for 4 (Staff A, B, C, and D) of 4 employee files reviewed. The facility also failed to provide at least a 2 hour preservice orientation prior to interacting with residents for 3 (Staff A, B, and D) of 4 staff hired after [redacted]. The findings included: 1. On [redacted] a review of Staff A's employee file revealed a hire date of [redacted] as a resident aide. Staff A's file did not contain documentation of having completed at least a 2 hour preservice orientation prior to interacting with residents. Staff A's file did not have documentation they had completed a minimum 1 hour in-service in [redacted] control to include universal precaution and facility sanitation procedures before providing personal care to residents. Staff A's file did not contain documentation they had completed a 3 hour in-service on activities of daily living and behavioral needs within 30 days of employment.	A 081		

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A 081	Continued From page 12 Staff A's file did not contain documentation they had completed a minimum 1 hour in-service training in each area regarding adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and resident rights, recognizing and reporting resident , neglect and ; training within 30 days of employment. Staff A's file did not contain documentation they had completed in-service training in the facility's resident elopement response policy and procedures within 30 days of employment. 2. On a review of Staff D's employee file revealed a hire date of as a resident aide. Staff D's file did not contain documentation of having completed at least a 2 hour preservice orientation prior to interacting with residents. Staff D's file did not have documentation they had completed a minimum 1 hour in-service in control to including universal precaution and facility sanitation procedures before providing personal care to residents. Staff D's file did not contain documentation they had completed a 3 hour in-service on activities of daily living and behavioral needs within 30 days of employment. Staff D's file did not contain documentation they had completed a minimum 1 hour in-service training in each area regarding adverse incidents and facility emergency procedures including: chain-of-command and staff roles relating to emergency evacuation and resident rights: recognizing and reporting resident , neglect	A 081		

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A 081	Continued From page 13 and . , ... ; training within 30 days of employment. Staff D's file did not contain documentation they had completed in-service training in the facility's resident elopement response policy and procedures within 30 days of employment. 3. On . . . . a review of Staff C's employee file revealed a hire date of as a resident aide. Staff C's file did not contain documentation they had completed a minimum 1 hour in-service in . . . . . control to including universal precaution and facility sanitation procedures before providing personal care to residents. Staff C's file did not contain documentation they had completed a 3 hour in-service on activities of daily living and behavioral needs within 30 days of employment. 4. On a review of Staff B's employee file revealed a hire date of . . . . as a resident aide. Staff B's file did not contain documentation of having completed at least a 2 hour preservice orientation prior to interacting with residents. Staff B's file did not have documentation they had completed a minimum 1 hour in-service in control to include universal precaution and facility sanitation procedures before providing personal care to residents. Staff B's file did not contain documentation they had completed a 3 hour in-service on activities of daily living and behavioral needs within 30 days of employment. Staff B's file did not contain documentation they had completed a minimum 1 hour in-service	A 081		

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	AL11953279	A. BUILDING: _____ B. WING _____	05/02/2019

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PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

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A 081	Continued From page 14 training in each area regarding adverse incidents and facility emergency procedures including: chain-of-command and staff roles relating to emergency evacuation and resident rights: recognizing and reporting resident , neglect and , ; training within 30 days of employment. Staff B's file did not contain documentation they had completed in-service training in the facility's resident elopement response policy and procedures within 30 days of employment. On at 4:00 p.m., Staff B said she has been working at the facility doing resident care since . She said she shadowed an employee for a day before she was on her own taking care of the residents. She does not remember nor have documentation of taking any of the required in-services prior to working with the residents. 5. On at 9:00 a.m., the Executive Director said after reviewing Staff A, B, C, and D employee files, they did not have the required in-services prior to working with the facility residents and within 30 days of their employment as required by the Florida Administrative Code. Class III	A 081		
A 082	58A-5.0191(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on	A 082		

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A 082	Continued From page 15 and . . ., including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete a one-time education course on . . . and , ... (. . / . . .) and maintain documentation of completion for 4 (Staff A, B, C, and D) of 4 employee files reviewed. The findings included: Staff A's employee file revealed a hire date of . . Staff A's employee file contained no documentation of having completed a course on / within 30 days of employment. Staff B's employee file revealed a hire date of . . . . . Staff B's employee file contained no documentation of having completed a course on / . . . within 30 days of employment. Staff C's employee file revealed a hire date of . . Staff C's employee file contained no documentation of having completed a course on / . . within 30 days of employment. Staff D's employee file revealed a hire date of . . . . . Staff D's employee file contained no documentation of having completed a course on / . . . within 30 days of employment. On . . . . . at 9:00 a.m., the Executive Director said after reviewing Staff A, B, C, and D's	A 082		

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A 082	Continued From page 16 employee files they did not have the required in-service on / within 30 days of their employment as required by the Florida Administrative Code. Class III	A 082		
A 090	58A-5.0191(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 3 (Staff A, B, and D) of 4 employee files reviewed.	A 090		

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A 090	Continued From page 17 The findings included: Review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's file contained no documentation of having completed a 1 hour in-service on . Review of Staff B's employee file revealed a hire date of as a resident aide. Staff B's file contained no documentation of having completed a 1 hour in-service on . Review of Staff D's employee file revealed a hire date of as a resident aide. Staff D's file contained no documentation of having completed a 1 hour in-service on . On at 9:00 a.m., the Executive Director said after reviewing Staff A, B, and D's file the required in-service on was not completed within 30 days of their employment as required by the Florida Administrative Code. Class III	A 090		
A 200	58A-5.036 FAC Emergency Environmental Control (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current	A 200		

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A 200	Continued From page 18 licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S., and subsection 58A-5.026(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care	A 200		

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A 200	Continued From page 19 offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain	A 200		

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A 200	Continued From page 20 temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S., that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a . . . . monoxide alarm. (2) SUBMISSION OF THE PLAN.	A 200		

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A 200	Continued From page 21 (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to Emergency Rule 58AER17-1, F.A.C., will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency	A 200		

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power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.
(4) IMPLEMENTATION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule.
(b) The Agency shall allow an extension up to . to providers in compliance with subsection (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to Section 120.542, F.S.
(c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours.
1. An assisted living facility not located in an evacuation zone must either have an alternative

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A 200	Continued From page 23	A 200		

power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.
2. An assisted living facility located in an evacuation zone pursuant to Chapter 252, F.S., must either:
a. Fully and safely evacuate its residents prior to the arrival of the event, or
b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.
(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.
(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.
(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.
(5) POLICIES AND PROCEDURES.
(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can

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A 200	Continued From page 24 effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and, 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by	A 200		

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A 200	Continued From page 25 law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, F.S., or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a), above, in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to	A 200		

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A 200	Continued From page 26 immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure their Emergency Environmental Control Plan (EECP) which includes the generator power plan, also referred to as the emergency power plan (EPP), was included in their complete Comprehensive Emergency Management Plan (CEMP) to be developed, updated, maintained and approved annually. The emergency power plan is used in the event of the loss of primary electrical power which could affect the residents' health, safety, welfare and comfort in the facility. The findings included: On at 9:20 a.m., the Executive Director (ED) presented to the surveyor a letter from the Emergency Management office of Charlotte County dated , 2018 stating the approval of their 2018 CEMP does not encompass the review and approval of their EECP. Another letter, dated , from the Emergency Management office of Charlotte County noted that assisted living homes have a deadline to submit their complete CEMP no later than . This submission must include the generator power plan. On at 12:20 a.m., in an interview with the ED, she said she received a letter from the emergency management office dated stating the facility's complete CEMP had to be submitted to the county no later than . She said the facility has not installed the required	A 200		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF PUNTA GORDA (THE)	2295 SHREVE STREET PUNTA GORDA, FL 33950

(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 200	Continued From page 27 generator as of this time causing them not to have an approved emergency power plan which is needed to be submitted with their CEMP by as required. The complete CEMP, which must include an approved emergency power plan, was due in the Charlotte County Emergency Office no later than . . . . . The emergency power plan was to be approved prior to submitting the CEMP in order to submit a complete plan altogether. Since the emergency power plan was not submitted, the deadline for submitting the complete CEMP of was not done in accordance with state regulations. Class III	A 200		