

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2019
NAME OF PROVIDER OR SUPPLIER BEACON AT GULF BREEZE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 4410 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
(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)	
A 000	Initial Comments An unannounced Biennial survey with Extended Congregate Care & Limited Nursing Services monitoring was conducted on _____ through _____ at The Beacon at Gulf Breeze. At the time of the survey, deficient practice was identified.	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. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living	A 181		

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 181	Continued From page 1 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 interview and record review the facility failed to resubmit their emergency plan to the local emergency management agency within 30 days of receiving notice that the plan must be revised for 1 of 1 plans reviewed. The findings include: A review of the approved emergency plan was conducted. At that time, it was noted that the approval date for the plan was On at 1:52PM, an interview was conducted with the Administrator. At that time, he informed the surveyor that there had been some changes to the generator and that the facility had sent the revised plan to the local emergency management agency on He stated that the plan was rejected, and the facility was advised which areas of the plan needed to be updated. The administrator provided the email correspondence for this to the surveyor. This email, dated, included the following items needed for approval: "- Identify alternative means of notification should the primary system fail. - Identify procedures that will be used to keep track of residents/patients once they have been	A 181	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEACON AT GULF BREEZE (THE)

**4410 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563**

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A 181	Continued From page 2 evacuated (to include a log system). - Determine what and how much each resident should take. Provide for a minimum 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude. - Provide a training procedure to ensure all staff are aware of how to operate the emergency power source for the facility. - Letter attesting that the alternate power source is sufficient to operate the equipment serving the area to maintain an indoor temperature in accordance with the rule. (, be provided by a professional engineer or licensed electrical contractor)." The administrator stated that he had everything except for the letter needed from an engineer. When asked why the information was not resubmitted within 30 days the administrator stated that he was unaware that he was required to do so. On at 2:28PM, the administrator returned and showed the surveyor an email to the local emergency management agency with his resubmission. Class III	A 181		