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
	AL11953640	A. BUILDING: _____ B. WING _____	09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE GARDEN ASSISTED LIVING & ECC, INC	2011 NW 59TH WAY LAUDERHILL, FL 33319

(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 Limited Nursing Services (LNS) monitoring survey was conducted on [redacted] at Hope Garden Assisted Living & ECC. The facility 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		

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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 interview and record review , the facility failed to maintain an approved Comprehensive Emergency Management Plan (CEMP) from the local Emergency Management Agency. The findings included: On [redacted] at approximately 10:00 AM, a copy of the facility's most recent approved CEMP was requested. In an interview with the Administrator at that time, he stated that he did not have an approval letter for the 2018-2019 year. He stated that he had completed an application in [redacted], but he had not received an approval letter from the local Emergency Management Agency. The Administrator provided a copy of the Emergency Environmental Control Plan (EECP) approval dated [redacted]. Review of the local Emergency Management Agency website indicated a status date of [redacted] along with "review due in 60 days or less". Further review indicated that the last approved CEMP was dated 11/14/2017. The facility does not have a current approved CEMP on file for 2018-2019. In an additional interview with the administrator at 11:30 AM he was unable to locate any documentation of communication regarding his application and plan submittal with the local Emergency Management Agency. He stated that	A 181		

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A 181	Continued From page 2 he did not have a current CEMP approval letter. Class III	A 181		