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 |
|---|---|---|---|
| | AL11968878 | A. BUILDING: _____ B. WING _____ | R 10/03/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HIBISCUS PALACE ASSISTED LIVING FACILITY, LLC | 1755 14TH AVE N LAKE WORTH, FL 33460 |

| (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<br><br>A revisit to the Relicensure survey was conducted on [redacted] and [redacted] at Hibiscus Palace Assisted Living Facility, LLC. The previously cited deficiencies were found corrected.<br><br>There was a new deficiency identified at the time of the survey. | {A 000} | | |
| A 181 SS=D | 58A-5.026(2) FAC Emergency Plan Approval<br><br>(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.<br>(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.<br>(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.<br>(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.<br>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.<br>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.<br>(d) The local emergency management agency is the final administrative authority for emergency | A 181 | | |

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| A 181 | Continued From page 1<br><br>management plans prepared by assisted living facilities.<br>(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review, and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by Palm Beach County.<br><br>The findings include:<br><br>During Survey on At 11:15 AM this surveyor requested the facility's Comprehensive Management Plan (CEMP) from the Administrator over the phone and she stated that the she had an approved CEMP approval letter, and she would email it to the surveyor. The Administrator did not provide a copy of the last approval letter.<br><br>It was explained to the Administrator that the current CEMP is needed in order to meet compliance with the requirement. The Administrator stated she had the approval letter and she would email the letter to the surveyor immediately. The Administrator did not submit the CEMP approval letter to the surveyor. The Administrator stated that it was understood that the facility was not in compliance with this requirement on the date of the survey.<br><br>On at 4:42 PM Surveyor received an email from the Division of Emergency Management with attached expired Comprehensive Emergency Management Plan Approval letter dated - . The last | A 181 | | |

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|---|---|---|---|---|
| A 181 | Continued From page 2<br>submission date was the first revision review submitted .<br><br>Class III | A 181 | | |