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
	AL11966752	A. BUILDING: ______ B. WING ______	R 11/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERY COTTAGE, INC	**4052 COLLIN DRIVE WEST PALM BEACH, FL 33406**

(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 revisit to the unannounced Licensure Change of Ownership, Generator Assessment, and Focused Control survey, was conducted as a desk review on . ... for Avery Cottage, Inc. The facility had deficiencies at the time of the survey.	{A 000}		
{A 181} SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the county emergency management agency. (a) If the county emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the county office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in rule 59A-36.014, 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 county 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 county emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The county emergency management agency is the final administrative authority for 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	{A 181}		

management plans prepared by assisted living facilities.
(e) Any plan approved by the county 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 ensure that the Comprehensive Emergency Management Plan (CEMP) approval letter was obtained for substantive changes, such as the Change of Ownership in the facility, from the local Emergency Management Agency.

The findings included:

a) On at 11:20 AM, a request was made to the Administrator to provide evidence of the CEMP approval letter. The Administrator stated that she assumed ownership of the facility on . She stated that she has not received the approval letter from the local Emergency Management Agency.

On at 11:30 AM, an interview was conducted with the Administrator. She refuted the findings.

b) On at 11:00 AM, a request was made to the Administrator to provide evidence of an approved CEMP (approval letter). The Administrator stated that the plan was submitted to the Emergency Management Agency on . It was further revealed that the facility has not received the approval letter from the local Emergency Management Agency.

On at approximately 2:30PM, during an interview with the Administrator, she

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{A 181}	Continued From page 2 acknowledged the findings and provided no additional documentation for review. Class III Uncorrected	{A 181}		