

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LILITA HOME II INC.

**2451 SW 103 WAY
MIRAMAR, FL 33025**

(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 Unannounced Relicensure, Generator Assessment and Focused Control surveys were conducted on _____ at Lilita Home II Inc. The facility had a deficiency related to the Relicensure survey at the time of the visit.	A 000		
CZ830	408.821() FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved	CZ830		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER LILITA HOME II INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 2451 SW 103 WAY MIRAMAR, FL 33025		
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CZ830	Continued From page 1 comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license	CZ830			

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CZ830	Continued From page 2 expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to report its daily emergency status, planning or operations information through the Agency's Emergency Status System (ESS). The findings are: Review of the Agency reporting update dated on for facilities indicated that pursuant to the State of Florida Governor's Executive Order 20-51 and at the direction of State Surgeon General regarding the Coronavirus (COVID-19), the Agency established the event "COVID-19 Monitoring" in the ESS to monitor health care facility census, inventory, needs, and other related facility information. Further review of this update indicated that each assisted living facility must report its current bed census, available beds and additional COVID-19 status daily by 10:00am. Review of the Agency reporting update dated on indicated that each facility must meet ESS reporting requirements and it was imperative that facilities continue to report daily in the ESS to maintain up to date and accurate information. Review of this update indicated that the Agency	CZ830			

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CZ830	Continued From page 3 was going to cite facilities for deficiencies relating to this daily 10:00am reporting deadline. Further review of this update indicated that the Agency made descriptions for facilities to report correctly available at http://ahca.myflorida.com/COVID-19_Facilities.shtml#facility. Review of the Agency letter to Healthcare Providers dated on _____ indicated that each facility must continue to enter daily resident COVID-19 statistics and _____ rates into the ESS, along with continual updates regarding each facility's emergency-related data. Review of the facility's ESS data entries it indicated that the facility did not enter and update its daily ESS information from _____ to _____. In an interview with the Administrative Assistant on _____ at 1:45pm, she stated that she was not aware that the facility had not reported its daily emergency status, planning or operations information through the ESS since last year and that she was going to ensure access into the ESS so the facility may report its updated daily information. Unclassified	CZ830		