

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST BOYNTON BEACH			STREET ADDRESS, CITY, STATE, ZIP CODE 8220 JOG ROAD BOYNTON BEACH, FL 33437		
(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 Relicensure, Complaint (#2021008079 & #2021008435) and Generator Monitoring survey was conducted on and at Brookdale West Boynton Beach. The facility had a deficiency identified related to the Relicensure and Generator Monitoring at the time of the survey.	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	CZ830			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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CZ830	Continued From page 1 provider in accordance with an approved 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	CZ830			

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CZ830	Continued From page 2 of the inactive period shall become the license 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. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure its Comprehensive Emergency Management Plan (CEMP) has been submitted for review and approval annually by the local Division of Emergency Management. The findings included: During an interview with the Administrator on at 10:19 AM, the facility's CEMP approval letter and/or most recent submission for review was requested. The Administrator provided the latest approval letter dated with an expiry date of . As per the approval letter the next plan review submittal date to the local Division of Emergency Management was to be on or before , , , to ensure adequate time for the review and approval by the local Division of Emergency Management. Further during the interview with the Administrator	CZ830			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE WEST BOYNTON BEACH

**8220 JOG ROAD
BOYNTON BEACH, FL 33437**

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CZ830	Continued From page 3 on at 10:19 AM, she stated their Emergency Management Plan is not up to date. She stated she cannot get the fire inspection approved by the local Fire Marshall. She stated there have been problems with the fire system and the Fire Marshall will not approve the inspection. The Administrator provided the last fire inspection that was conducted on which listed several violations that required correction by . The Administrator stated she is working on making the corrections. She confirmed she has not submitted the CEMP for 2021 to the local Division of Emergency Management. On at 12:48 PM, a telephone interview was conducted with a representative from the local Division of Emergency Management. In checking the records he stated the facility's last CEMP submission for 2018 expired on He further stated there have been no CEMP submissions for the years 2019, 2020, or 2021. Unclassified	CZ830		