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
	AL11968725	A. BUILDING: _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN LIFE ASSISTED LIVING	840 SW 8TH STREET POMPANO BEACH, FL 33060

(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
ZZ830	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 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	ZZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ830	Continued From page 1 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 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	ZZ830		

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ZZ830	Continued From page 2 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 observation, record reviews, and interview, the facility failed to submit their annual Comprehensive Emergency Management Plan (CEMP) in a timely manner. The findings include: On , at 9:45 am, during the entrance conference the administrator was asked to provide the survey team with a copy of the CEMP. The administrator explained that it was electronically submitted and was waiting to be approved by Broward County's Emergency Management Office. On , at approximately 11:00 am, the owner provided a paper with a screenshot of the online portal for the CEMP Submission. It was submitted on . On , at 11:50 am, the Broward County Office of Emergency Management was called, and an employee (Participant M) at the office verified that the 2025 CEMP was approved on , , it expired on , , and the 2026 CEMP was submitted on , . On , at 2:02 pm the Broward County Office of Emergency Management was called and asked to provide an email with the submission date, approval date, and expiration date for the 2025 CEMP as well as the submission date for the 2026 CEMP (Copy of	ZZ830		

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ZZ830	Continued From page 3 e-mail obtained). Class III	ZZ830		

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A 000	Initial Comments An unannounced biennial Relicensure with Limied Mental Health (LMH), Complaint (#2025012464, #2025014702, #2025015490, #2025015880, and #2025016863) and Generator Monitoring survey was conducted at Green Life Assisted Living on - . The facility had deficiencies at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The	A 030		

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A 030	Continued From page 1 telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there	A 030		

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A 030	Continued From page 2 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 3	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the

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A 030	Continued From page 4 resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (i) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a	A 030		

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A 030	Continued From page 5 resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a safe and decent living environment and to ensure that residents were free from infestation; were present in a sample 23 of 65 residents (Resident #1, #4, #6, #7, #8, #9, #10, #11, #12, #14, #18, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, and #31) and the facility	A 030		

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A 030	Continued From page 6 failed to ensure privacy for one resident (Resident #17) out of 65 residents when the resident used a portable commode at bedside in her semi-private room with no privacy screen or curtain. The findings include: a) On , at approximately 9:00 AM, an observation and interview of a sample of 40 residents in the facility revealed that 23 of 65 residents (Resident #1, #4, #6, #7, #8, #9, #10, #11, #12, #14, #18, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, and #31) had active infestations, which caused itching, body , , and severe skin irritation. is caused by the human itch mite (Sarcoptes scabiei var. hominis). The microscopic mite burrows into the upper layer of the skin where it lives and lays its eggs. can spread quickly under crowded conditions where close body and skin contact is frequent. Crusted is a severe form of that is very . . Delayed diagnosis and treatment of crusted can often cause outbreaks. https://www.cdc.gov/ /about/index.html During an interview with Resident #22 / , on at 9:15 AM revealed he has experienced bites, and he is itching from . During an interview with Resident #23, , on at 9:21 AM revealed he believes he has experienced itching from . During an interview with Resident #24, , on at 9:26 AM revealed that his skin is extremely irritated by what he calls ,	A 030		

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A 030	Continued From page 7 and the skin irritation is painful. He revealed that he has been taking oral medication for about a month. During an interview with Resident #20, , on at 9:31 AM revealed he has been bitten and hasn't received any treatment. During an interview with Resident #25, , on at 9:40 AM revealed that he has gotten bitten so badly, and the is still causing him to itch. During an interview with Resident #11, A, on at 9:55 AM revealed that he has been experiencing itch for the past 2 months, and he has not been treated, and that the ALF has not changed the sheets lately (Photographic evidence obtained). During an interview with Resident #10, A, on at 1:18 PM revealed he believes he has a case of and that he has gotten treatment for the and is still itching (Photographic evidence obtained). During an interview with Resident #1, A, on at 1:26 PM revealed he has experienced bites. During an interview with Resident #21, B, on at 1:35 PM revealed he has experienced bites. During an interview with Resident #26, , on at 1:40 PM revealed that he has experienced bites. During an interview with Resident #27, , on at 2:00 PM revealed he has	A 030		

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A 030	Continued From page 8 experienced bites. During an interview with Resident #18, , on at 9:05 AM revealed he is still itching from a bite and from an infestation that has been going on for months, and the ALF staff started giving him the cream for . . . . . on Tuesday, . During an interview with Resident #4, on . at 9:16 AM revealed he has been bitten by . During an interview with Resident #7, , on at 9:22 AM revealed she has been bitten by and bed bugs. During an interview with Resident #28, , on . . . . at 9:30 AM revealed that he has experienced bites. During an interview with Resident #12, , on . . . . . at 10:00 AM revealed that the ALF staff keeps his room clean but does not change the sheets; he has bite marks on his arms and . . During an interview with Resident #9, , on at 10:14 AM revealed he has experienced bites in the past months. During an interview with Resident #29, B, on at 10:19 AM revealed he believes he is being bitten by . During an interview with Resident #30, on at 10:23 AM revealed he has been bitten by . During an interview with Resident #31, on	A 030		

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A 030	Continued From page 9 at 10:28 AM revealed he has bites on his ⌄ and has been given the cream for treatment by the ALF staff. During an interview with Resident #21, on at 10:36 AM revealed he has been bitten. During an interview with Resident #6, A, on at 10:40 AM revealed he had been bitten by . . . . . (See ⌄⌄ progress note). During an interview with Resident #8, , on at 10:50 AM, she stated "Yes, I have been bitten by ". On , a records review for Resident #3 revealed that was diagnosed on by a Dermatologist associated with American Mobile ⌄⌄, as Norwegian (also known as crusted), a severe, highly ⌄ variant of standard . On , a record review of Residents #3 (as of) and Resident #16 (no longer at the facility, as of), the records revealed that the infestations in the facility was diagnosed by a local Dermatologist, on , with a follow up assessment and treatment by the same dermatologist scheduled for (Photocopies obtained). On , resident records were reviewed, including the local Dermatologist's examination notes from for resident #6. The Dermatologist prescribed Cream 5% ⌄ by ⌄ (W/W) to be applied to	A 030		

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(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 030	Continued From page 10 at bedtime, washed off in the morning, and repeated in 1 week. tablets 3 milligrams (mg) were prescribed: take 4 tablets by for 1 Dose; repeat in 1 week. Orders included washing and changing all linen and clothing daily until the infestation is gone (Photocopies obtained). On at 2:30 PM, an interview was conducted with the facility's Administrator, who confirmed that the facility has had an active infestation for several months. Also, on , the dermatologist, prescribed treatment for all residents, including Cream 5% W/W and tablets 3 mg, with 4 tablets. However, the facility staff and ownership have been unable to eradicate the infestation. b) On at 10:11 am, an observation of Resident #17's room was made. A portable commode was sitting next to her bed. No privacy curtain/screen was observed in the room (Photographic evidence obtained). During an interview on at 10:11 am with Resident #17 she revealed she uses the commode for but goes down the hallway to the restroom for movements. She confirmed she has a roommate and that when she uses the commode, she does not have privacy. She said she would like to have a privacy screen. During an interview on at 11:15 am with the Administrator she confirmed that Resident #17 does not have a privacy screen/curtain in her room. She confirmed that she does have a roommate and she does use the commode in her room.	A 030		

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	AL11968725	A. BUILDING: _____ B. WING _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN LIFE ASSISTED LIVING	840 SW 8TH STREET POMPANO BEACH, FL 33060

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A 030	Continued From page 11 Review of the Agency for Health Care Administration Health Assessment (form 1823) for Resident #17 dated revealed she was assessed as being independent in all activities of daily living (Copy obtained). Class II	A 030		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the	A 152		

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A 152	Continued From page 12 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 6 of 10 residents (Resident #11, #10, #1, #25, #17, and #21) sampled had functioning air conditioning (AC) units to cool their rooms and failed to maintain an temperature in resident rooms between 71 and 81 degrees Fahrenheit. The findings include: On at12:31 PM in room numbers 20, 22, 23 vacant, 24, and 25 the temperature was 81.3 degrees, measured by the handheld , (a device that measures both air temperature and relative humidity. During an interview with Resident #11, room (RM) 20A, on at 12:34 PM, he complained that the room was uncomfortably hot day and night. Observed the resident with his shirt pulled up to and he vigorously scratching his arms, , and as he complained about the lack of AC and the heat and . (Photographic evidence obtained). During an interview with Resident #10, , on at 12:37 PM, he complained that "the room is so hot that it makes the itch	A 152		

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A 152	Continued From page 13 more". During an interview with Resident #1, , on at 12:42 PM, he stated it is "unbearably hot" in his room. During an interview with Resident #25, , on at 12:46 PM, he reported it is too hot to sleep at night, and he hopes they fix the AC soon. During an interview with Resident #27, , on at 12:48 PM, he complained that it is hot and the management will not fix the AC. During an interview with Resident #21, , on at 12:52 PM he complained that the air conditioner does not work, especially at night. On at 12:56 PM the temperature in resident , , , 23 (vacant), and 25 (vacant) was 81.9 degrees, as measured with a handheld , . During an interview with Resident #11, , on at 12:36 PM, he stated "It is even hotter today; check the vent, and you will hardly feel any cool air," During an interview with Resident #10 - , on at 12:41 PM, he reported the AC situation has not changed. During an interview with Resident #1, , on at 12:46 PM, he reported it is still "unbearably hot" in his room. During an interview with Resident #25 - - B, on at 12:51 PM, he stated "It is hot	A 152		

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A 152	Continued From page 14 in my room; I could use a fan". During an interview with Resident #27 - , on at 12:56 PM, he reported they had someone look at the AC today, and they said the management needs to order a part for the AC. During an interview with Resident #32 - , on at 1:01 PM, he stated "I hope it does not get any hotter in my room". On at 2:30 PM, an interview was conducted with the facility's Administrator, who confirmed that the air conditioning (AC) unit that cooled room numbers 20, 21, 22, 23, 24, and 25 was and the air handler needed replacement. Class III	A 152		
A 200	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit	A 200		

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A 200	Continued From page 15 for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve	A 200		

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A 200	Continued From page 16 temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared	A 200		

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A 200	Continued From page 17	A 200		

state of emergency. The plan must include information regarding fuel source and fuel storage.
1. Facilities must store minimum amounts of fuel onsite as follows:
a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.
b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.
2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.
4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.

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A 200	Continued From page 18 (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than	A 200		

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A 200	Continued From page 19 , have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.	A 200		

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A 200	Continued From page 20 (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless	A 200		

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A 200	Continued From page 21 permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to inform its residents, in writing, of the Comprehensive Emergency Management Plan (CEMP) and Environmental Emergency Control Plan (EECP). The findings include: On . , at approximately 1:00 pm, a review of Resident 4's contract was conducted. In the contract, it did not mention the review of the CEMP or the EECP.	A 200		

Agency for Health Care Administration

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A 200	Continued From page 22 On , , at approximately 1:15 pm, the Administrator was asked to provide a copy of residents being informed in writing of the CEMP and EECP, which she explained she did not have. Class III.	A 200		