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
	AL11965054	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT NORTHDALE	**3401 WEST BEARSS AVENUE TAMPA, FL 33618**

(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 Assisted Living Facility An abbreviated biennial state licensure survey with limited nursing services (LNS) was completed on [redacted] in conjunction with complaint survey, CCR#2012012312, see (Aspen Event JGGZ11). The Emeritus at Northdale, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 005	58A-5.0161 FAC Licensure - Inspection Responsibilities Inspection Responsibilities. (1) County health departments shall be responsible for inspecting all license applicants and licensed facilities in matters regulated by: (a) Rule 64E-12.004, F.A.C., and Rule Chapter 64E-11, F.A.C., relating to food hygiene. (b) Chapter 64E-12, F.A.C., relating to sanitary practices in community-based residential facilities. (c) Chapter 64E-16, F.A.C., relating to biomedical waste. (2) The local authority having jurisdiction over fire safety or State Fire Marshall shall be responsible for inspecting all license applicants and licensed facilities in matters regulated by Section 429.41, F.S., relating to uniform fire safety standards and Chapter 69A-40, F.A.C., Uniform Fire Safety Standards for Assisted Living Facilities. (3) The agency shall be responsible for inspecting all license applicants and licensed facilities in all other matters regulated by this rule chapter. This Statute or Rule is not met as evidenced by:	A 005		

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A 005	Continued From page 1 Based on observation, facility inspection reports review and interviews, the facility failed to assure the facilty had evidence of an annual satisfactory Group Care environmental inspection report, thereby placing residents at risk of living in a facility with unknown environmental non compliance issues. Findings include: Review of the most recent environmental/group inspection report was satisfactory on [redacted]. The administrator acknowledged during an interview on [redacted] at approximately 12:30pm that there was not a more recent report available and could not explain why the annual inspection had not been done. Interview with the Business Office Director on [redacted] at approximately 1:05pm and review of a written statement by her revealed she had called the inspection agency on [redacted] (after the missing inspection was brought to her attention) and was told by a representative from the inspection agency that an incorrect date (2015) had been entered for the facility's next inspection, therefore the agency did not know the inspection was overdue.	A 005		
A 181	58A-5.026(2) FAC Emergency Mgmt - Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency. (a) The county emergency management agency has 60 days in which to review and approve the	A 181		

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A 181	Continued From page 2 plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised. (b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility shall 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 shall be the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the county emergency management agency shall be 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 observation, record review and interview, the facility failed to assure a	A 181		

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A 181	Continued From page 3 comprehensive emergency management plan was submitted and/or approved for 2011 and 2012 which left the facility's residents at risk for not receiving adequate or appropriate emergency response. Findings include: Record review revealed the facility's Comprehensive Emergency Management Plan (CEMP) was submitted and approved for 2009 and 2010. Further review revealed no documentation that the CEMP had been submitted or approved for 2011. For 2012, there was evidence that the plan was submitted on [redacted] with a cover letter requesting approval but upon further review, there was no approval or disapproval of the CEMP and no evidence of any follow up by the facility. Interview with the administrator on [redacted] at approximately 12:45pm revealed no explanation as to why there was no follow up to the submitted Emergency Management Plan. [redacted]	A 181		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus at Northdale
3401 West Bearss Avenue
Tampa, FL 33618

Dear Administrator:

Re: **CCR# 2012012312 &** Abb. Biennial with LNS

This letter reports the findings of a complaint survey and an abbreviated biennial state licensure survey with limited nursing services (LNS) that were conducted on 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit relative to the abbreviated biennial state licensure survey with limited nursing services. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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