

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965789	(X3) DATE SURVEY COMPLETED 12/11/2017
NAME OF PROVIDER OR SUPPLIER TERRACE COMMUNITIES TEQUESTA ,	STREET ADDRESS, CITY, STATE, ZIP CODE 400 NORTH US ONE TEQUESTA, FL 33469	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017010620, was conducted on _____ at Terrace Communities Tequesta, License # 10124. The facility had a deficiency at the time of the investigation.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on interviews and record review it was determined the facility failed to ensure they provided a safe living environment pursuant to Section 429.28(1)(a), F.S. specifically related to the 72 residents (capacity of 106 residents) that returned to the facility post hurricane evacuation and prior to full power being restored (providing for safe and comfortable temperatures).

The findings include:

During entrance conference conducted with the COO (Chief Operations Officer), on _____ at approximately 9:10 AM, he was asked how many residents were evacuated for the hurricane in _____ 2017. He replied 72 residents were evacuated to a hotel in Orlando. The COO was asked when the residents, that had evacuated for the hurricane, returned to the facility. He replied _____ at approximately 2:00 PM. He was asked when full power was restored to the facility. He replied _____ at approximately 11:00 AM. The COO was asked why the residents, that had evacuated to a hotel in Orlando, were returned to the facility prior to full power being restored. He replied the staff were threatening with a "walk out" if they did not return.

During interview conducted with the Maintenance Director, on _____ beginning at approximately 11:35 AM, he was asked if he had obtained building temperature readings during the power outage and when residents were present. He stated he did check the temperatures in the hallways but not in the resident apartments. He was asked for copies of those records. He stated he was not aware he needed to maintain records of monitoring temperatures; therefore, he did not document these efforts. He stated the temperatures in the hallways did not exceed 79 degrees F. He acknowledged receipt of a letter from the Department of Fire-Rescue Services (Fire Chief), dated _____, that indicated, "Please be advised that whenever your facility loses power, you must immediately contact Tequesta Fire-Rescue and prepare for evacuation until full power is restored." The Maintenance Director acknowledged residents returned to the facility prior to full power being restored.

Class III