

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 09/10/2018
NAME OF PROVIDER OR SUPPLIER SARA'S HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1567 NE 46TH STREET OAKLAND PARK, FL 33334	

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

0000 - Initial Comments

An unannounced Generator Monitoring survey was conducted on ... at Sara's House Inc., License #12058. The facility had an identified deficiency at the time of the survey.

This survey was conducted in conjunction with an ECC Monitoring revisit survey. Please see separate report for findings.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations, interviews and record reviews, the facility failed to:

1. Develop a written Emergency Environmental Control Plan (EECP).
2. Obtain approval of the ALF's EECP by the local county authority.
3. Implement it's EECP by the ALF's implementation extension date.
4. Acquired services or a process to maintain and test the ALF's alternate power source.
5. Develop written policies and procedures to ensure effective and immediate operation and maintenance of the AFL's alternate power source and fuel.
6. To provide required written notifications of initial implementation of their EECP to residents or their representatives.

The findings included:

A generator monitoring survey was conducted on ... beginning at 1:15 PM with the Administrator present. Review of the ALF's EECP worksheet revealed the following concerns:

1. Upon request, the Administrator was not able to provide a written EECP for review. She presented a one-page document titled Consumer-Friendly Summary of the Emergency Environmental Control Plan and a one-page document titled Assisted Living Facility Notification Emergency Environmental Control Plan AHCA Sample Format for Extension Notification. Neither document contained the required components outlined in Florida Administrative Code 58A-5.036. She stated she thought these documents were the ALF's EECP.
2. Upon request, the Administrator was not able to provide written proof of an EECP approved by the local county authorities. She stated it had been submitted to the county Emergency Management Division but had not received an approval at this time. In a telephone interview conducted ... at 2:05 PM, a representative of the local county authority confirmed the ALF's plan was received but could not confirm when it would be reviewed for approval.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/15/2018
FORM APPROVED

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3. The EECp worksheet documented an implementation date of At 2:25 PM, the Administrator confirmed the scheduled implementation date had passed, stating she thought she sent a request for further extension. She could not provide documentation showing this was done, nor could she provide proof of an approved future implementation extension date. 4. At the time of EECp worksheet review, the Administrator was not able to provide written policies and procedures documenting the ALF's ability to ensure effective and immediate operation and the ability to maintain the AFL's alternate power source and fuel. 5. At 3:02 PM, the Administrator was asked and stated she verbally informed residents and/or their representatives of the ALF's initial implementation of the EECp. She confirmed written notifications were not provided, and the verbal notifications were not documented. Class III		