STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966324	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **CORAL SPRINGS COUNTRY CLUB FOR SENIORS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2903 NW 115TH TERRACE** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Coral Springs Country Club For Seniors, License #10582. The facility had deficiencies at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, record review and staff interview, the facility failed to provide a current Comprehensive Emergency Management Preparedness Plan (CEMP) approved by the local Emergency Management Division annually.

The findings included:

During an interview with the Administrator, on at 1:00PM, the facility's current CEMP and approval letter was requested. The Administrator stated that they are waiting for it. A record review revealed the facility last approval letter from the local Emergency Management Division for the Comprehensive Emergency Management Preparedness Plan was dated with an expiration date of . The facility failed to submit a new plan 60 days prior to the expiration date to the local Emergency Management officials for review and approve annually.

The Administrator confirmed the findings, no further documentation provided.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to develop written policies and procedures to ensure the facility can effectively operate and maintain the alternate power source. In addition, any fuel required for the operation of the alternate power source, including failed to in-service staff on the facility's plan and failed to notify each resident/resident representative in writing of the emergency plan.

The findings included:

During an interview with the Administrator, on at 2:00PM, she stated that the facility does not have a written policy and procedure on how to maintain and operate the alternative power source. It was further revealed the facility did not have a policy to include additional fuel that is necessary to operate

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the generator, how to test the generator, the frequency, and documentation of who and when it occurs. The Administrator was unaware of how the facility will monitor the air temperature (not exceed 81 degrees) and residents body temperature, hydration , , and documenting it. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan.

During an interview with the Administrator, on at 2:00PM, she confirmed the findings.

Class III