

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/07/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910382</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>11/21/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ATRIA MERIDIAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3061 DONNELLY DRIVE<br/>LANTANA, FL 33462</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>A unannounced Relicensure revisit survey was conducted as a desk review on 11/21/2018 for Atria Meridian(Lic#4849). The outstanding deficiency remains uncorrected at the time of the survey.</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>Based on records review and interview, the facility failed to ensure that the County Emergency Management Plan (CEMP) was submitted timely for review and approval by the local Emergency Management Agency.</p> <p>The findings included:</p> <p>a) During record review on 9/6/2018, it was noted that the facility's last approved CEMP dated 9/30/2016 was approved till July 1, 2017. Furthermore, the records showed that the next CEMP submission due date was on June 30, 2018. The records given by the Administrator indicated that she submitted the plan on the 6th of July 2018. As of the date of this review (9/6/2018), the plan was not yet approved.</p> <p>b) During the desk review on 11/21/2018 at 11:33AM, an approved CEMP was requested by phone from the Administrator. The Administrator stated they submitted the initial review and received a notice of deficiency on 09/14/2018. The Administrator stated she resubmitted the 1st revision on 09/26/2018 and they received a 2nd notice of deficiency dated 10/09/2018 and they were given a deadline of 11/9/2018;the second revision was submitted on 11/14/2018.</p> <p>During an interview with the Administrator on 11/21/2018 at 11:33AM, she agreed that she submitted the 2nd revision and she is awaiting a response. The CEMP is not yet approved.</p> <p>During an interview with a representative from the local emergence management agency on 11/21/2018 at 11:40AM, he confirmed the facility submitted the 2nd revision for review on 11/14/2018, and the plan is in line for review.</p> <p>Class III<br/>Uncorrected</p> |                                                                                           |                                                           |