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
	AL11964787	A. BUILDING: _____ B. WING _____	R 07/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 A Revisit survey was conducted at Brookdale Jensen Beach on 07/19/19. An uncorrected deficiency was identified at the time of the revisit.	{A 000}		
{A 181} SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local 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 local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met	{A 181}		

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{A 181}	Continued From page 1 all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the assisted living facility (ALF) failed to obtain approval of their Comprehensive Emergency Management Plan (CEMP) by the local county authority. The findings included: On , the facility provided the current approval letter from the local emergency management agency for their CEMP. The approval letter was dated . . . . . and stated the CEMP approval expired on . On . . . . . at approximately 11:00 AM, the Administrator stated that the current CEMP had not yet been submitted for review to the local emergency management office. On , the Administrator and Health & Wellness Director acknowledged the current CEMP approval had expired. In a telephone interview conducted on . . . . . at 1:22 PM, a representative of Emergency Management was asked and stated the emergency power plan portion of the CEMP was not approved pending required information from the ALF. This was discussed and acknowledged by the ALF's Administrator on . . . . . at 3:01 PM. Class III	{A 181}		