

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER AVANTE AT LEEBSBURG, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 EDGEWOOD AVE LEEBSBURG, FL 34748
---	---

(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
--------------------	--	---------------	---	--------------------

K 000	INITIAL COMMENTS An announced complaint survey, complaint number 2021011322, was conducted at Avante at Leesburg on 08/16/2021. The following is description of the deficiencies found at the time of the visit.	K 000		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status,	CZ830		8/31/21

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X8) DATE

09/02/21

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2021
NAME OF PROVIDER OR SUPPLIER AVANTE AT LEEBSBURG, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 EDGEWOOD AVE LEEBSBURG, FL 34748		
(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
CZ830	Continued From page 1 each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be	CZ830		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2021
NAME OF PROVIDER OR SUPPLIER AVANTE AT LEESBURG, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 EDGEWOOD AVE LEESBURG, FL 34748		
(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
CZ830	<p>Continued From page 2</p> <p>prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.</p> <p>(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a current comprehensive emergency management plan (CEMP) approval in the facility in accordance with F.A.C. 59A-3.078.</p> <p>The findings include:</p> <p>During the record review with the Administrator and the Maintenance Director on 08/16/2021 at 10:37 AM, the facility failed to produce documentation for a current Comprehensive Emergency Management Plan (CEMP) with approval from the local emergency management officials.</p> <p>Review of an email provided by the facility from the local Captain of Life Safety for Leesburg, Florida dated 07/15/2021 at 9:06 AM reads: Your Fire Plan is in need of changes. The necessary changes are as follows: Addition of fire drill design and conduct. Addition of type and coverage of building fire protection systems.</p> <p>During an interview with the Administrator on 08/16/2021 at approximately 10:45 AM she stated</p>	CZ830	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>CZ830: 408.821 FS Emergency Management Planning A) What corrective action(s) will be accomplished for those residents found to have been affected by this practice? 1. There were no residents affected by this alleged deficient practice. 2. On 8/16/2021, Immediate education was completed with the Licensed Administrator by the RVPO on completing the fire drill design and conduct along with the type and coverage of building fire protection systems that is requested to receive approval on Fire plan and the CEMP. Documents needed were completed on 08/23/21. Fire plan was approved on 08/20/21 and CEMP approved on 08/31/21.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 33504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2021
NAME OF PROVIDER OR SUPPLIER AVANTE AT LEESBURG, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 EDGEWOOD AVE LEESBURG, FL 34748		
(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
CZ830	<p>Continued From page 3</p> <p>the CEMP had not been formally applied for because the Lake County Fire Inspector [Lake County Fire Inspector's name] requested two pieces of information. She did not understand what those items were and needed further clarification from the Fire Inspector.</p> <p>During an interview with the Director of Maintenance on 08/16/2021 at approximately 11:00 AM he stated he did not understand what was needed by the Fire Inspector and needed further clarification. He concurred with the Administrator that the CEMP had not been submitted yet because the fire plan had not been completed.</p> <p>During an interview with the Lake County Fire Inspector/Captain of Life Safety on 08/16/2021 at approximately 11:15 AM she stated she spoke with [the Director of Maintenance's name] as well as emailed the Administrator and explained what the two items were that needed to be completed and gave him a detailed explanation of what those items were so she could complete the approval of the Fire Plan. Once those items were addressed, they should be submitted to her through their portal. She stated she has not received those items as of today 08/16/2021.</p> <p>F.A.C. 59A-3.078</p> <p>These findings were verified by the Administrator at the time of record review and confirmed at the exit conference at 12:30 PM on 08/16/2021.</p> <p>Unclassified</p>	CZ830	<p>B) How will you identify other residents having the potential to be affected by the same practice, and what corrective action will be taken.</p> <ol style="list-style-type: none"> 1. No other residents were affected by this alleged deficient practice. 2. On 8/16/2021, the Maintenance Director completed an audit of the CEMP and no other documents were needed. <p>C) What measures will be put into place or what systemic changes will you take to ensure that the practice does not reoccur?</p> <ol style="list-style-type: none"> 1. By 8/17/2021, the Executive Director/designee completed reeducation with the Maintenance Director on the timely submission of all documents to complete the approval of the CEMP. <p>D) How will the corrective actions be monitored to ensure the practice will not reoccur; what quality measures will be put into place?</p> <ol style="list-style-type: none"> 1. Executive Director/designee will audit TELS to ensure CEMP is submitted 60 days prior to the due date. 2. Findings will be submitted to the facility QA committee monthly until substantial compliance is achieved. 	