

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2020
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NAME OF PROVIDER OR SUPPLIER **WINDSOR OF PALM COAST** STREET ADDRESS, CITY, STATE, ZIP CODE
**50 TOWN COURT
PALM COAST, FL 32164**

(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 complaint investigation (complaint number 2020015003), biennial licensure survey with Limited Nursing Service, emergency power plan monitoring and control focused survey was conducted at Windsor Of Palm Coast on Deficiencies were found at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

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

TITLE

(X8) DATE

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A 078

Continued From page 1

constitute a risk of transmitting a communicable

(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.

(d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility must:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.

(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 of 4 sampled employees (Employee A and C) submitted evidence of a negative () examination on an

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A 078	<p>Continued From page 2</p> <p>annual basis.</p> <p>The findings include:</p> <p>Record review for Employee A (hired) and for Employee C (hired) found no evidence of a negative examination in over a year.</p> <p>Employee A's employee record contained a negative screen dated and Employee C's employee record had a negative screening dated .</p> <p>The findings were confirmed during an interview with the Health Care Director on at 4:55 PM. She stated she did not have any additional information to provide.</p> <p>Class III</p>	A 078		
A 081	<p>429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service</p> <p>429.52(1)</p> <p>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.</p>	A 081		

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A 081 Continued From page 3

(7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course.

59A-36.011
(2) STAFF PRESERVICE ORIENTATION.
(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).
(b) New staff must complete the preservice orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control,

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A 081	<p>Continued From page 4</p> <p>including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. <p>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training</p> 	A 081		
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A 081	<p>Continued From page 5</p> <p>within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <ol style="list-style-type: none"> All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. <p>This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 of 3 sampled employees received 3 hours of in-service training within 30 days of employment that covers providing assistance with the activities of daily living and resident behavior and needs. (Employee C)</p> <p>The findings include:</p> <p>Record review of the employee file for Employee C (date of hire) found no evidence Employee C received 3 hours of training in providing assistance with the activities of daily living and resident behavior and needs.</p> <p>The Wellness Director was asked to provided evidence of the training on at 2:55 PM and again at 4:50 PM. At the time the facility was exited at 5:28 PM the facility was not able to provide evidence of the required training.</p> <p>Class III</p>	A 081		

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A 083 A 083	<p>Continued From page 6</p> <p>59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.</p> <p>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.</p> <p>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.</p> <p>This Statute or Rule is not met as evidenced by: Based on employee record review, review of the facility schedule, and staff interview, the facility failed to ensure one staff member working in the facility at all times was trained in () and first aid to ensure the safety of the 67 residents that reside at the facility.</p> <p>The findings include:</p> <p>During an interview with the Health Care Director on at 2:55 PM, she stated the facility has a nurse that works from 6 AM to 10 PM every</p>	A 083 A 083		

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A 083	<p>Continued From page 7</p> <p>day and when they do not have a nurse from 6:00 PM-10 PM, she will cover. She stated she did not have evidence to provide to show she was in the building. She was asked if there was always a nurse working on the 10 PM to 6:00 AM shift and she stated there was not.</p> <p>She provided evidence of _____ for herself and two other nurses working in the facility. She was not able to provide evidence of current training for a nurse (Employee F) who was scheduled to work from 2:00 PM to 10:00 PM. The Health Care Director stated she did have a Med Tech with _____ training that worked on the 2:00 PM to 10:00 PM shift. She provided evidence Employee G had _____ certification.</p> <p>The employee schedule for the current week was reviewed with the Wellness Director and she confirmed on _____ during the 2:00 PM to 10 PM shift, she could not provide evidence of someone working with a valid _____ certificate. Further review of the current scheduled revealed the facility did not have someone with current _____ scheduled to work with on _____, _____ and _____.</p> <p>During the same interview the Wellness Director was asked if the facility had a way to ensure when they did not have a nurse working the 10:00 PM to 6:00 AM shift, there was always another staff member with current _____ and first aid training working. She stated, she did not.</p> <p>Class III</p>	A 083		
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service	A 085		

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A 085

Continued From page 8

(7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service.

This Statute or Rule is not met as evidenced by: Based on employee record review and an interview with the Wellness Director, the facility failed to ensure the Food Service Designee for the facility obtained a minimum of 2 hour continuing education in food service and nutrition.

The findings include:

Record review of the employee file for the facility's Food Service Designee revealed his most recent food service training provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian was on _____.

The findings were confirmed during an interview with the Wellness Director on 11/4/2020 at 4:50 PM. She stated she could not locate training by an approved provider.

Class III

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A 086	Continued From page 9	A 086		
A 086	<p>59A-36.011(10) FAC Training - ADRD</p> <p>(10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.</p> <p>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "..... and Related Level I Training," must address the following subject areas:</p> <ol style="list-style-type: none"> 1. Understanding 's and related 2. Characteristics of 3. Communicating with residents with 's 4. Family issues; 5. Resident environment; and, 6. Ethical issues. <p>(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related</p>	A 086		

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A 086	<p>Continued From page 10</p> <p>..... Level I Training.</p> <p>(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these :</p> <ol style="list-style-type: none"> 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. <p>(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.</p> <p>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.</p> <p>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on</p>	A 086		
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A 086	<p>Continued From page 11</p> <p>interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.</p> <p>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:</p> <ol style="list-style-type: none"> 1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or 2. Three years of practical experience in a program providing care to persons with _____ or related _____, or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with _____ or related _____. <p>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 1 of 3 sampled employees received the required 4 hours of _____ and Related _____ Level I Training, within three months of hire. (Employee C)</p>	A 086		
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A 086	<p>Continued From page 12</p> <p>The findings include:</p> <p>Observation in the facility on at 9:00 AM revealed the facility had a memory care unit. During an interview with Employee C on at 11:55 AM, he stated has worked in all parts of the facility and on every shift.</p> <p>Record review of the employee file for Employee C (date of hire) found no evidence Employee C received the required Level I training.</p> <p>The Wellness Director was asked to provided evidence of the training on at 2:55 PM and again at 4:50 PM. At the time the facility was exited at 5:28 PM the facility was not able to provide evidence of the required training.</p> <p>Class III</p>	A 086		

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(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
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CZ816	<p>408.809(2a-c) 435.05(2) 59A-35.090(2d-3c) Background Screening-Compliance Attestation</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print _____ notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print _____ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or</p>	CZ816		
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AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2020
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CZ816	<p>Continued From page 1</p> <p>professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:</p> <p>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;</p> <p>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and</p> <p>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:</p> <p>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer.</p> <p>59A-35.090 Background Screening.</p> <p>(2) Processing Screening Requests, Required Documents and Fees.</p> <p>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service</p>	CZ816		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDSOR OF PALM COAST

**50 TOWN COURT
PALM COAST, FL 32164**

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CZ816

Continued From page 2

s/Background_Screening/Regulations_Forms.sht ml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.

(e) An administrator or chief financial officer must be screened and qualified prior to to the position.

(3) Results of Screening and Notification.

(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.

(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S.

(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.

This Statute or Rule is not met as evidenced by:

CZ816

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CZ816	<p>Continued From page 3</p> <p>Based on record review and an interview with Health Care Director, the facility failed to ensure an Attestation of Compliance with Background Screening Requirements, was obtained and kept in the employee file for 1 of 4 sampled employees. (Employees A)</p> <p>The findings include:</p> <p>Record review for Employee A (hired) found no evidence of an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 in the employee record.</p> <p>During an interview with the Health Care Director on at 2:55 PM, she was notified the attestation was missing from the employee file. She stated she would look for that attestation. She was asked again on /202 at 4:50 PM and still could not provide the attestation.</p> <p>The Wellness Director was asked to provide evidence of the training on at 2:55 PM and again at 4:50 PM. At the time the facility was exited at 5:28 PM the facility was not able to provide evidence of the required training.</p> <p>Class III</p>	CZ816		
CZ830	<p>408.821 FS Emergency Management Planning</p> <p>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</p>	CZ830		

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CZ830	Continued From page 4 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, 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.	CZ830		

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CZ830	<p>Continued From page 5</p> <p>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.</p> <p>(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 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) The agency may adopt rules relating to emergency management planning, communications, and operations. 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 an interview with the Administrator and</p>	CZ830		
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CZ830	<p>Continued From page 6</p> <p>a review of the Agency for Health Care Administration Emergency Status System (ESS), the facility failed to ensure the safety of its 67 current residents, by failing to report the following information using the online database (ESS): facility census, available beds, inventory, needs, and other related information for Novel Coronavirus (COVID-19) daily by 10:00 a.m., pursuant to Executive Order 20-51, and at the direction of the State Surgeon General, for 11 of 65 days reviewed.</p> <p>The findings include:</p> <p>A review of the facility's ESS report indicated that, of the 65 days reviewed, 11 days were missing a submission. Those days were and</p> <p>An interview was conducted with the Administrator on at 5:05 PM. The Administrator reviewed the ESS Submission History and confirmed the missing submissions.</p> <p>Pursuant to the Governor's Executive Order 20-51, and at the direction of State Surgeon General regarding Novel Coronavirus (COVID-19), the Agency for Health Care Administration opened the event "COVID-19 Monitoring" in the Emergency Status System to monitor assisted living facilities' census, inventory, needs, and other related information statewide. All assisted living facilities were required to report current resident census and available beds in their facilities daily by 10:00 a.m. and answer additional questions related to the facility status and COVID-19. Notification to facilities was dated</p>	CZ830			

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CZ830	Continued From page 7 Class	CZ830		