

Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11830962		(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - MAIN LIC B. WING		(X3) DATE SURVEY COMPLETED 04/21/2026	
NAME OF PROVIDER OR SUPPLIER APOLLO HEALTHCARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 24TH ST N , SAINT PETERSBURG, Florida, 33713			
(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) COMPLETION DATE
K0000 Bldg. 05	INITIAL COMMENTS A monitoring visit for Emergency Environmental Control Survey was conducted on 04/21/2026 at Apollo Health and Rehabilitation, a nursing home in St. Petersburg, Florida in accordance with Florida Administrative Code 59A-4.1265. The facility has an onsite alternate power source (200 kW Generator) that provides power to entire building and Heating, Ventilating, and Air-Conditioning (HVAC) equipment. The conclusions are based on statements made by the facility staff and documentation provided by the facility. There were concerns found at the time of the survey.			K0000			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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ZZ830 SS = F Bldg. 06	Emergency Management Planning CFR(s): 408.821 FS 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, 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.	ZZ830					

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ZZ830 SS = F Bldg. 06	Continued from page 1 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 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. (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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interviews, the facility failed to submit their comprehensive emergency management plan (CEMP) on an annual basis, in accordance with the Florida Statute 408 and Florida Administrative Code 59A-4 On 04/21/2026 between 9:15 AM and 11:00 AM during record review with the Director of Maintenance, it was revealed that the comprehensive emergency management plan (CEMP) submitted from the facility expired on 11/01/2024. In an interview during the exit conference, the Administrator	ZZ830					

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ZZ830 SS = F Bldg. 06	Continued from page 2 acknowledged that the CEMP expired and said that the facility had not yet submitted the updated plan to the county since the last plan expired. Per Florida Administrative Code 59A-4.126 (3) Per Florida Statute 408.821, 400.23(2)(g) Class III	ZZ830					