

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969285	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VITALITY STAR RESORT ALF LLC

**591 SW BRADSHAW CIR
PORT SAINT LUCIE, FL 34953**

(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 An unannounced Relicensure with Limited Mental Health (LMH) and a Generator Monitoring survey were conducted on _____ at Vitality Star Resort ALF LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.	A 091		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER VITALITY STAR RESORT ALF LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 591 SW BRADSHAW CIR PORT SAINT LUCIE, FL 34953		
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A 091	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) had training documentation completed as required. The findings included: During review of the personnel file on _____ for Staff B (date of hire _____), there was no certificate of a 2 hour Preservice Orientation or of the following inservice's found. There was an orientation list of topics dated as completed on _____ from the employee's previous facility that she worked at (same owner). The orientation list was signed by both the Administrator and Staff B, but did not note the amount of time spent on each training subject, or the trainer's credentials. a. Facility's Emergency Procedures and Incident Reporting (1 hour required) b. Residents' Rights and _____, Neglect and _____ (1 hour) c. Facility's _____'s (1 hour) d. Facility's Elopement Policy and Procedure (no time required) The Administrator was notified of these findings at 10:40 AM on _____. The facility provided no additional documentation of the required training for review at this time. Class	A 091			
A 151	59A-36.014(2) FAC Physical Plant - Existing Facilities	A 151			

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A 151	Continued From page 2 (2) EXISTING FACILITIES. (a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S. (b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to adhere to the building code requirement of no more than two (2) residents per room, affecting 3 of 3 sampled residents (Residents #2, Resident #3 and Resident #5). The findings included: During tour of a bedroom utilized by Residents #2, Resident #3 and Resident #5 on at 10:00 AM, three beds were observed in the room. At this time, Residents #3 and Resident #5 stated that they shared this bedroom with Resident #2. Review of the current 2020 Florida Building Code, Seventh Edition, Chapter 464.4.4.3, notes that "Resident bedrooms designated for multiple occupancy in facilities newly licensed or renovated 6 months after, shall have a maximum occupancy of two persons". This facility's current Assisted Living Facility (ALF) license took effect on During interview with the Administrator on at 10:30 AM, he confirmed that the	A 151			

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A 151	Continued From page 3 bedroom was occupied by the three residents. The facility provided no additional information for review at this time. Class III	A 151		