

Agency for Health Care Administration

|                                                                                        |                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                                          |                          |                                                                    |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                    |                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969457</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/27/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>YOUNG HEARTS EXTENDED ASSISTED LIVING FACII</b> |                                                                                                                                                                                                                                                                                   |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1410 NE 219TH ST</b><br><b>LAWTEY, FL 32058</b>                              |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| A 000                                                                                  | Initial Comments<br><br>A complaint investigation (complaint number 2020000654) and Emergency Power Plan (EPP) monitoring survey was conducted at Young Hearts Extended Assisted Living Facility on January 27, 2020. The facility had no deficiencies at the time of the survey. | A 000                                                                          |                                                                                                                          |                          |                                                                    |

AHCA Form 3020-0001

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

TITLE

(X6) DATE