Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910431	A. BUILDING: _____ B. WING _____	R 03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE SENIOR LIVING AT BROOKSVILLE	307 HOWELL AVENUE BROOKSVILLE, FL 34601

(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 revisit to a complaint investigation, complaint number 2021000674, was conducted at Noble Senior Living on - 3, 2021. Deficiencies were identified.	{A 000}		
{AL240} SS=D	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility continued residency for 7 out of 7 residents who required mental health services without a limited mental health license, residents #s 30, 31, 9, 35, 37, 38, and 40. Findings: Review of the LMH (Limited Mental Health) Resident List provided by the facility revealed seven residents were residing in the facility that	{AL240}		

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{AL240}	Continued From page 1 required limited mental health services. Review of the MOVE IN RECORD - Resident Information for Resident #30 revealed an initial move in date of [redacted] with diagnosis to include major [redacted]. Review of the MOVE IN RECORD - Resident Information for Resident #31 revealed an initial move in date of [redacted] with diagnosis to include major [redacted]. Review of the MOVE IN RECORD - Resident Information for Resident #35 revealed an initial move in date of [redacted] with diagnosis to include major [redacted]. Review of the MOVE IN RECORD - Resident Information for Resident #37 revealed an initial move in date of [redacted] with diagnosis to include major [redacted], and [redacted]. Review of the MOVE IN RECORD - Resident Information for Resident #38 revealed an initial move in date of [redacted] with diagnosis to include [redacted]. Review of the MOVE IN RECORD - Resident Information for Resident #40 revealed an initial move in date of [redacted] with diagnosis to include [redacted]. Review of the AHCA [Agency for Healthcare Administration] Form 1823 dated [redacted] for Resident #9 revealed diagnosis to include [redacted] and [redacted]. During an interview on [redacted] at approximately 9:30 AM the Administrator stated, we have seven	{AL240}		

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{AL240}	Continued From page 2 LMH residents. Class III	{AL240}		