

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967466	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GINNY'S PLACE II, LLC

**2251 TURTLEMOUND ROAD
MELBOURNE, FL 32934**

(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 Attempted a Complaint Investigation #2022004461 and a generator monitoring at Ginny's Place II LLC. Assisted Living Facility on due to closure. The facility was observed being renovated, and under major construction. The facility had deficiencies during this onsite visit.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility	A 004		

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 GINNY'S PLACE II, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2251 TURTLEMOUND ROAD MELBOURNE, FL 32934		
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A 004	Continued From page 1 consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to notify the agency for change in use and change of space in advance that currently hold an active license #11473, that expires on as required. Findings: Observation on at 9:15 AM, made at Ginny's Place II LLC, located at address 2251	A 004			

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A 004	Continued From page 2 Turtlemound Road Melbourne, FL 32934 revealed the facility was under major construction and renovation with no residents in the facility. On at 9:20 AM, during a telephone interview with the new owner who confirmed that in future this location would be a brand-new assisted living facility, not affiliated with Ginny's Place II LLC. The construction and renovation began a month ago and there have not been any residents from the previous assisted living facility Ginny's Place II LLC. since about The new owner further stated that he will have a new Administrator not utilizing the old Administrator. On at 9:25 AM, an attempted telephone call to the previous administrator and owner, there was no answer. A voicemail message was, left to return the call as soon as possible. On at 11:11 AM, returned telephone call was received from the old administrator and owner stated that she was in the process of a Change of Ownership and since her license was active until she would let the new owner begin the construction and renovation first. She also confirmed that she did not notify the agency of these changes but safely assisted in the relocation of all the residents to other assisted living facilities. There was no documented evidence provided to the agency of the discharge location of the six residents as required. Class III	A 004		

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CZ817	Continued From page 3	CZ817			
CZ817	408.810() FS; 59A-35.100 FAC Minimum Licensure Requirement - Inform AHCA 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license. (3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of: (a) Information contained in the most recent application for licensure. (b) Required insurance or bonds. (4) Whenever a licensee discontinues operation of a provider: (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled. (b) The licensee shall remain responsible for retaining and appropriately distributing all records within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of . . . or dissolution of a licensee, the estate or agent of the licensee shall: 1. Make arrangements to forward records for each client to one of the following, based upon	CZ817			

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CZ817	Continued From page 4 the client's choice: the client or the client's legal representative, the client's attending physician, or the health care provider where the client currently receives services; or 2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks. 59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to meet the minimum licensure requirements by notifying the agency not less than 30 days, obtaining advance approval, and submission within 21 calendar days after closure or any changes for active license #11473, expires on Findings: Observation on at 9:15 AM, that the assisted living facility named Ginny's Place II LLC, located at address 2251 Turtlemound Road Melbourne, FL 32934 was under major	CZ817		

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CZ817	Continued From page 5 construction and renovation with no residents in the facility. On _____ at 9:20 AM, a telephone interview with the new owner confirmed that in future there will be a brand-new assisted living facility, not affiliated with Ginny's Place II LLC. The construction and renovation began a month ago and there have not been any residents from previous assisted living facility Ginny's Place II LLC. since about _____. The new Owner further stated that he will have a new Administrator not utilizing the old Administrator. On _____ at 9:25 AM, an attempted telephone call to previous administrator and owner, there was no answer. A voicemail message was, left to return call as soon as possible. On _____ at 11:11 AM, returned telephone call was received from the old administrator and owner stated that she was in the process of a Change of Ownership and since her license was active until _____ she would let the new owner begin the construction and renovation first. She also confirmed that she did not notify the agency of these changes but safely assisted in the relocation of all the residents to other assisted living facilities. There was no documented evidence provided to the agency of notification of closure of Ginny's Place II LLC. Assisted Living Facility. Unclassified	CZ817		