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
	AL11966874	A. BUILDING: _____ B. WING _____	08/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUTURE SMILES SENIOR LIVING LLC	4645 SW VAHALLA ST 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 A Change of Ownership, Limited Mental Health (LMH) and Generator Monitoring survey was conducted at Future Smiles Senior Living LLC on . . . . . A deficiency was identified at the time of survey. Two complaint investigations were conducted in conjunction with the Change of Ownership survey (Complaints #2020004524 and #2021004761). These complaints were not substantiated as the alleged incidents occurred under the previous ownership and are unrelated to the current ownership.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.	A 083		

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A 083	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 of 2 sampled staff reviewed (Staff B): 1) Completed an approved Basic First Aid training and held a currently valid certification card; and 2) Had completed certification that required the student to demonstrate, in person, that he/she is able to perform , and was issued by an approved training instructor; Because Staff B did not hold currently valid First Aid and certification cards, the facility failed to have a certified staff member in the facility at all times. The findings included: Staff B is a certified nursing assistant (CNA) whose hire date is . During review of Staff B's personnel file, no certification documentation could be found showing completion of a Basic First Aid course. A training certificate for , expiring of 2023, indicated that the course did not allow for the student to demonstrate in person that she was able to perform , or that the training provider was approved to provide training by an approved organization. When Staff B was asked about the training, she confirmed that the training was completed on-line, not in-person. It was explained that online trainings are not an acceptable means of complying with the training requirement. She acknowledged that she understood the requirement and would seek to complete an In-person, approved training as soon as possible. Staff B also acknowledged that there were no other staff working during her shift who held a currently valid First Aid and	A 083		

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A 083	Continued From page 2 certification card. Class III	A 083		