

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/09/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE CLUB AT WELLINGTON

**14115 LILY CT
WELLINGTON, FL 33414**

(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 Assisted Living Facility Initial Licensure (Reinstate) survey and a Complaint (2024000117) survey were conducted on _____ at The Club at Wellington. The facility had a deficiency identified related to the Initial Licensure survey at the time of the visit.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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 THE CLUB AT WELLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 14115 LILY CT WELLINGTON, FL 33414		
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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to ensure that all architectural, mechanical, electrical and structural system and appurtenances were maintain in good working order and free of hazards. As evidence of the facility failure to ensure kitchen repairs were complete in order for food services to be provided to the residents. The findings include: During an interview with the Administrator and the facility's Consultant on at 9:50AM, it was stated that the facility has three buildings (A, B, and C) and that only Building C will have a full operational kitchen, all meals will be prepared in only Building C. It was further stated Building C will be the main kitchen area as it will in the commercial kitchen. During a tour of the facility on of Building C, the Consultant pointed to a location about 15 steps into Building C entrance and identified it as the location of the commercial kitchen in which the meals (3 meals daily) will be prepared for all residents . At this time no kitchen was observed at that location, only a framing location for the kitchen is available. Further observation revealed only a refrigerator is present however, no stove, no sink, nor equipment to	A 152			

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A 152	Continued From page 2 prepare meals is available. The kitchen has been completely removed per the Administrator and the Consultant. In an interview with the Administrator and Consultant on at 9:50AM, they confirmed that the kitchen is not ready for use. He stated that a new kitchen was being installed and is scheduled to be delivered on to bring the kitchen into commercial compliance and that a new stove hood, cabinetry, and electrical components were all being done. Class III	A 152		