

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>AL11969504</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2025</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**DISCOVERY COMMONS HOBE SOUND**

**5785 SE PINEHURST TRL  
HOBE SOUND, FL 33455**

| (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 |
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| CZ815                    | <p>408.809(1)( ); 435.02(2); 435.06 FS<br/>Background Screening; Prohibited Offenses</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:</p> <p>(a) The licensee, if an individual.</p> <p>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.</p> <p>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.</p> <p>(d) Any person who is a controlling interest.</p> <p>(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, _____ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or _____ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.</p> <p>(3) All _____ must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The</p> | CZ815               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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>AL11969504</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</b>                           |                          |                                                        |
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| CZ815                                                                   | Continued From page 1<br><br>qualifying or disqualifying status of the person<br>named in the request shall be posted on a secure<br>website for retrieval by the licensee or designated<br>agent on the licensee's behalf.<br><br>(4) In addition to the offenses listed in s. 435.04,<br>all persons required to undergo background<br>screening pursuant to this part or authorizing<br>statutes must not have an awaiting final<br>disposition for, must not have been found guilty<br>of, regardless of adjudication, or entered a plea of<br>nolo contendere or guilty to, and must not have<br>been adjudicated delinquent and the record not<br>have been sealed or expunged for any of the<br>following offenses or any similar offense of<br>another jurisdiction:<br>(a) Any authorizing statutes, if the offense was a<br>felony.<br>(b) This chapter, if the offense was a felony.<br>(c) Section 409.920, relating to Medicaid provider<br>fraud.<br>(d) Section 409.9201, relating to Medicaid fraud.<br>(e) Section 741.28, relating to domestic violence.<br>(f) Section 777.04, relating to attempts,<br>solicitation, and conspiracy to commit an offense<br>listed in this subsection.<br>(g) Section 784.03, relating to battery, if the victim<br>is a adult as defined in s. 415.102 or a<br>patient or resident of a facility licensed under<br>chapter 395, chapter 400, or chapter 429.<br>(h) Section 817.034, relating to fraudulent acts<br>through mail, wire, radio, electromagnetic,<br>photoelectronic, or photooptical systems.<br>(i) Section 817.234, relating to false and<br>fraudulent insurance claims.<br>(j) Section 817.481, relating to obtaining goods by<br>using a false or expired credit card or other credit<br>device, if the offense was a felony.<br>(k) Section 817.50, relating to fraudulently | CZ815                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| CZ815                                                                   | <p>Continued From page 2</p> <p>obtaining goods or services from a health care provider.</p> <p>(l) Section 817.505, relating to patient brokering.</p> <p>(m) Section 817.568, relating to criminal use of personal identification information.</p> <p>(n) Section 817.60, relating to obtaining a credit card through fraudulent means.</p> <p>(o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.</p> <p>(p) Section 831.01, relating to forgery.</p> <p>(q) Section 831.02, relating to uttering forged instruments.</p> <p>(r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.</p> <p>(s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.</p> <p>(t) Section 831.30, relating to fraud in obtaining medicinal drugs.</p> <p>(u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.</p> <p>(v) Section 895.03, relating to racketeering and collection of unlawful debts.</p> <p>(w) Section 896.101, relating to the Florida Money Laundering Act.</p> <p>If, upon rescreening, a person who is currently employed or _____ with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible</p> | CZ815                                                                                          |                                                                                                                          |                                                        |

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| CZ815                                                                   | <p>Continued From page 3</p> <p>to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.</p> <p>(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.</p> <p>(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:</p> <ol style="list-style-type: none"> <li>Does not have an active professional license or certification from the Department of Health; or</li> <li>Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.</li> </ol> <p>(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.</p> <p>(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria</p> | CZ815                                                                                          |                                                                                                                          |  |                                                        |

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| CZ815                                                                   | <p>Continued From page 4</p> <p>relating to retaining _____ pursuant to s. 943.05(2).</p> <p>(8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.</p> <p>435.06 Exclusion from employment.-</p> <p>(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.</p> <p>(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any _____ person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any _____ person that would place the employee in a role that requires background screening unless the employee is granted an</p> | CZ815                                                                          |                                                                                                                          |                          |                                                        |

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| CZ815                                                                   | Continued From page 5<br><br>exemption for the disqualification by the agency as provided under s. 435.07.<br>(b) If an employer becomes aware that an employee has been _____ for a disqualifying offense, the employer must remove the employee from contact with any _____ person that places the employee in a role that requires background screening until the _____ is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.<br>(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.<br>(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with _____ persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.<br>(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including _____, if required, must be disqualified for employment in such position or, if employed, must be dismissed.<br>(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or _____ for a disqualifying offense listed under this chapter, | CZ815                                                                         |                                                                                                                          |                          |                                                        |

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| CZ815                                                                   | <p>Continued From page 6</p> <p>terminates the person against whom the report was issued or who was _____, regardless of whether or not that person has filed for an exemption pursuant to this chapter.</p> <p>435.02 Definitions.-For the purposes of this chapter, the term:</p> <p>(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure a Level II criminal background screening was conducted on 2 out of 2 (Staff G &amp; H) third party providers to provide personal care to residents at the facility, affecting all residents receiving salon services.</p> <p>The findings included:</p> <p>On _____, a contract signed by the Administrator on _____ between the facility and a 3rd party provider (salon) located in the facility was reviewed. The contract includes documentation that the "parties agree to comply with Federal, State and Local law" and that the "contractor will comply with appropriate regulations and licensing requirements" while "providing salon and spa services to the community's residents". During interview with the Administrator on _____ at 2:00 PM, the Level II criminal background screenings or affirmation that these were conducted for the salon employees that provided personal care to residents were requested. There was no documentation available at this time to show the previous salon company's representative (Staff</p> | CZ815                                                                          |                                                                                                                          |  |                                                        |

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| (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 |                                                        |
| CZ815                                                                   | Continued From page 7<br><br>G) or the current salon company's representative (Staff H) had criminal background screenings completed as required.<br><br>A. Review of the Agency's Clearinghouse website on _____ revealed Staff G was not "eligible" as of _____ to provide personal care to residents as a "new screening was required". This screening had expired, and the salon representative remained working as a employee at the facility until 2024.<br><br>B. On _____ at 1:17 PM, an email was received from the Administrator showing Staff H had a background screening completed on _____ showing she was "eligible" to work with residents. However, review of the Agency's Clearinghouse background screening website on _____ revealed the screening copy received had a different date of birth (one day discrepancy) than the screening available online. Additionally, the _____ employee also had a "break in service" of more than 90 days, so a new screening was required. The facility added Staff H to their employee roster on _____ with a hire date of _____, more than 5 days after the start of employment.<br><br>Unclassified | CZ815                                                                          |                                                                                                                          |                          |                                                        |
| CZ816                                                                   | 408.809(2) 435.05(2) 59A-35.090(2d-3b)<br>Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CZ816                                                                          |                                                                                                                          |                          |                                                        |

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>AL11969504</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2025</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**DISCOVERY COMMONS HOBE SOUND**

**5785 SE PINEHURST TRL  
HOBE SOUND, FL 33455**

| (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 |
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| CZ816                    | Continued From page 8<br><br>such person must submit to level 2 background<br>rescreening as a condition of retaining such<br>license or continuing in such employment or<br>contractual status. For any such rescreening, the<br>agency shall request the Department of Law<br>Enforcement to forward the person's _____<br>to the Federal Bureau of Investigation for a<br>national criminal history record check unless the<br>person's _____ are enrolled in the Federal<br>Bureau of Investigation's national retained print<br>notification program. If the _____ of<br>such a person are not retained by the<br>Department of Law Enforcement under s.<br>943.05(2)(g) and (h), the person must submit<br>_____ electronically to the Department of<br>Law Enforcement for state processing, and the<br>Department of Law Enforcement shall forward<br>the _____ to the Federal Bureau of<br>Investigation for a national criminal history record<br>check. The _____ shall be retained by the<br>Department of Law Enforcement under s.<br>943.05(2)(g) and (h) and enrolled in the national<br>retained print _____ notification program when<br>the Department of Law Enforcement begins<br>participation in the program. The cost of the state<br>and national criminal history records checks<br>required by level 2 screening may be borne by<br>the licensee or the person _____. The<br>agency may accept as satisfying the<br>requirements of this section proof of compliance<br>with level 2 screening standards submitted within<br>the previous 5 years to meet any provider or<br>professional licensure requirements of the<br>Department of Financial Services for an applicant<br>for a certificate of authority or provisional<br>certificate of authority to operate a continuing<br>care retirement community under chapter 651,<br>provided that:<br>(a) The screening standards and disqualifying | CZ816               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</b>                           |                          |                                                        |
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| CZ816                                                                   | <p>Continued From page 9</p> <p>offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br/>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and<br/>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:<br/>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer.</p> <p>59A-35.090 Background Screening.<br/>(2) Processing Screening Requests, Required Documents and Fees.<br/>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09106">http://www.flrules.org/Gateway/reference.asp?No=Ref-09106</a>, and available from the Agency for Health Care Administration at: <a href="http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtml">http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtml</a>. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the</p> | CZ816                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| CZ816                                                                   | <p>Continued From page 10</p> <p>employer immediately if _____ for any<br/>disqualifying offense.<br/>(e) An administrator or chief financial officer must<br/>be screened and qualified prior to _____ to<br/>the position.<br/>(3) Results of Screening and Notification.<br/>(a) Final results of background screening<br/>requests will be provided through the Agency's<br/>secure website that may be accessed by all<br/>health care providers applying for or actively<br/>licensed through the Agency that are registered<br/>with the Care Provider Background Screening<br/>Clearinghouse. The secure website is located at:<br/>apps.ahca.myflorida.com/SingleSignOnPortal.<br/>(b) If a Level 2 criminal history is incomplete, a<br/>certified letter will be sent to the individual being<br/>screened requesting the _____ report and court<br/>disposition information. If the letter is returned<br/>unclaimed, a copy of the letter will be sent by<br/>regular mail. Pursuant to Section 435.05(1)(d),<br/>F.S., the missing information must be filed with<br/>the Agency within 30 days of the Agency's<br/>request or the individual is subject to<br/>disqualification in accordance with Section<br/>435.06(3), F.S.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and an interview, the<br/>facility failed to ensure a Level II criminal<br/>background screening was conducted every 5<br/>years or after a break in service of more than 90<br/>days for 2 out of 2 (Staff G &amp; H) third party<br/>providers _____ to provide personal care to<br/>residents at the facility, affecting all residents<br/>receiving salon services.</p> <p>The findings included:</p> <p>On _____, a contract signed by the</p> | CZ816                                                                                          |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| CZ816                                                                   | <p>Continued From page 11</p> <p>Administrator on _____ between the facility and a 3rd party provider (salon) located in the facility was reviewed. The contract includes documentation that the "parties agree to comply with Federal, State and Local law" and that the "contractor will comply with appropriate regulations and licensing requirements" while "providing salon and spa services to the community's residents". During interview with the Administrator on _____ at 2:00 PM, the Level II criminal background screenings or affirmation that these were conducted for the salon employees that provided personal care to residents were requested. There was no documentation available at this time to show the previous salon company's representative (Staff G) or the current salon company's representative (Staff H) had criminal background screenings completed as required.</p> <p>A. Review of the Agency's Clearinghouse website on _____ revealed Staff G was not "eligible" as of _____ to provide personal care to residents as a "new screening was required". This screening had expired, and the salon representative remained working as a employee at the facility until 2024.</p> <p>B. On _____ at 1:17 PM, an email was received from the Administrator showing Staff H had a background screening completed on _____ showing she was "eligible" to work with residents. However, review of the Agency's Clearinghouse background screening website on _____ revealed the _____ employee had a "break in service" of more than 90 days, so a new screening was required. The facility added Staff H to their employee roster on _____ with a hire date of _____ and no other employment history showing since the last</p> | CZ816                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</b> |                                                                                                                          |                                                        |
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| CZ816                                                                   | Continued From page 12<br><br>screening completed in 2020.<br><br>Unclassified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CZ816                                                                                          |                                                                                                                          |                                                        |
| CZ821                                                                   | 59A-35.110( ) FAC Reporting Requirements;<br>Electronic Submission<br><br>59A-35.110 Reporting Requirements; Electronic<br>Submission.<br>(1) During the two year licensure period, any<br>change or expiration of any information that is<br>required to be reported under Chapter 408, Part<br>II, F.S., or authorizing statutes for the provider<br>type as specified in Section 408.803(3), F.S.,<br>during the license application process must be<br>reported to the Agency within 21 days of<br>occurrence of the change, including:<br>(a) Insurance coverage renewal;<br>(b) Bond renewal;<br>(c) Change of administrator or the similarly titled<br>person who is responsible for the day-to-day<br>operation of the provider;<br>(d) Annual sanitation inspections;<br>(e) Fire inspections.<br>(2) Electronic submission of information.<br>(a) The following required information must be<br>submitted electronically through the Agency's<br>Single Sign On Portal located at<br><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a> :<br>1. Nursing homes:<br>Adverse incident reports must be submitted<br>electronically to the Agency within 15 calendar<br>days after the occurrence of the incident as<br>required in Section 400.147, F.S. on Nursing<br>Home Adverse Incident, AHCA Form 3110-0010<br>OL, _____, which is hereby incorporated by<br>reference and available at:<br><a href="https://www.flrules.org/Gateway/reference.asp?N">https://www.flrules.org/Gateway/reference.asp?N</a> | CZ821                                                                                          |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</b> |                                                                                                                          |
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| CZ821                                                                   | <p>Continued From page 13</p> <p>o=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at:<br/><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a>.</p> <p>2. Assisted living facilities:<br/>Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, _____, which is hereby incorporated by reference and available at:<br/><a href="https://www.flrules.org/Gateway/reference.asp?N">https://www.flrules.org/Gateway/reference.asp?N</a> o=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at:<br/><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a>.</p> <p>3. Hospitals:<br/>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, _____, which is hereby incorporated by reference and available at:<br/><a href="https://www.flrules.org/Gateway/reference.asp?N">https://www.flrules.org/Gateway/reference.asp?N</a> o=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at:<br/><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a>.</p> <p>4. Ambulatory Surgical Centers:<br/>Adverse incident reports must be submitted</p> | CZ821                                                                                          |                                                                                                                          |

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>AL11969504</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</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                               |
| CZ821                                                                   | <p>Continued From page 14</p> <p>electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , which is hereby incorporated by reference and available at:<br/><a href="https://www.flrules.org/Gateway/reference.asp?No=Ref-08780">https://www.flrules.org/Gateway/reference.asp?No=Ref-08780</a>, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at:<br/><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a>.</p> <p>5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at:<br/><a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-12123">http://www.flrules.org/Gateway/reference.asp?No=Ref-12123</a>, and through the Agency's Single Sign On Portal located at:<br/><a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a>.</p> <p>6. For the purposes of this rule, the following applies for submitting adverse incident reports:</p> <p>a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S.</p> <p>b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident.</p> <p>c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident.</p> <p>d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15</p> | CZ821                                                                          |                                                                                                                          |  |                                                        |

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>AL11969504</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</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                               |
| CZ821                                                                   | <p>Continued From page 15</p> <p>calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later.</p> <p>e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to \$50 per day late not to exceed \$500.</p> <p>(b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.</p> <p>(c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to file an adverse report with the Agency for an event that was reported to law enforcement for investigation, affecting 1 out of 1 sampled residents (Resident #11).</p> <p>The findings included:</p> <p>On or about _____, the facility was notified by email of allegations from Resident #11's representative of disputed credit card charges by a 3rd party provider (salon) located in the facility. The notification included reference to law enforcement being notified of the erroneous charges, with a case number noted.</p> <p>Review of the Agency's adverse incident reporting system on _____ revealed no submission by the facility of the aforementioned investigation.</p> <p>On _____ at 2:00 PM, the Administrator</p> | CZ821                                                                                          |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY COMMONS HOBE SOUND</b> |                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5785 SE PINEHURST TRL<br/>HOBE SOUND, FL 33455</b> |                                                                                                                          |  |                                                        |
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| CZ821                                                                   | Continued From page 16<br><br>acknowledged that no adverse incident report<br>had been completed and submitted to the state<br>Agency as a result of this notification that law<br>enforcement was investigating the allegations.<br><br>Unclassified | CZ821                                                                                          |                                                                                                                          |  |                                                        |