

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT MELBOURNE			STREET ADDRESS, CITY, STATE, ZIP CODE 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935		
(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 complaint investigation #2026007674, LNS monitoring, and a generator monitoring were conducted on _____ at Discovery Village at Melbourne Assisted Living Facility. There was a deficiency identified at the time of the survey.	A 000			
A 152 SS=D	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. (d) Residents who use portable bedside	A 152			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 152	Continued From page 1 commodos 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 observation and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: On at 9:40 AM, during a tour of the facility, the main entrance/exit doors for the secure memory care unit were noted to be covered on both sides with yellow caution tape. The caution tape was secured to the door frame with blue painters' tape. On at 9:50 AM, in an interview with the Administrator she confirmed the Memory Care entrance doors were not secure due to the keypad . They have been unsecure since . The Administrator stated they put caution tape on the inside and the outside of the doors. They also placed a magnetic screamer alarm which sounds when doors open. The Administrator said the nurse watches the door area at night but confirmed she could not provide documentation of specific staff assigned to ensure residents do not exit the unsecured doors. The Administrator went on to say a company came out about a week ago but could not fix it. Another company is coming to look at the keypad as that is likely why the door	A 152			

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A 152	Continued From page 2 locks are not engaging. (Photo Evidence Obtained) Class III	A 152			