

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968443	(X3) DATE SURVEY COMPLETED 07/25/2019
NAME OF PROVIDER OR SUPPLIER LIVING SOUTHERN STYLE OF BREVARD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 GEORGIA AVE ROCKLEDGE, FL 32955	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A re-licensure survey was conducted at Living Southern Style Assisted Living on Deficient practice was identified at the time of the visit.

0080 - Training - Core & Competency Test - 429.52() FS; 58A-5.0191(1) FAC

Based on personnel record review, online search, and interview, the facility failed to ensure the administrator had successfully completed all of the components of CORE training within 3 months of hire, as required in 58A-5.0191(1) FAC.

Findings:

Review of the personnel record for the owner/administrator revealed she had been the owner/administrator of the facility since A certificate for completion of 26 hours of CORE training dated was reviewed. Further review of the record did not reveal evidence of completion of the CORE examination.

Review of the online database at <https://alf.usf.edu/SuccessfulExamineesList.aspx>, for individuals who have passed the CORE examination, did not find the administrator's name.

On at 1:30PM, the administrator stated she thought she was exempt and said she had never taken the exam. It was explained the exemption for not requiring the exam ended on This administrator attended CORE training in 2013.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 of 1 staff (A) completed Limited Mental Health (LMH) training updates of 3 hours every 2 years as required by 58A-5.0191(9) FAC.

Findings:

Review of the personnel record for staff A (administrator/owner), revealed an initial 8-hour training certificate dated There were no training updates available for review for the previous 2 years.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/06/2019
FORM APPROVED**

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On at 12:15P, the administrator confirmed the finding. Class III		