

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/11/2019
NAME OF PROVIDER OR SUPPLIER LIVING SOUTHERN STYLE OF BREVARD L			STREET ADDRESS, CITY, STATE, ZIP CODE 1721 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955		
(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
CZ827 SS=C	408.812 FS Unlicensed Activity 408.812 Unlicensed activity.- (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients, and constitutes and neglect, as defined in s. 415.102. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been	CZ827			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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CZ827	Continued From page 1 demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation, the person or entity is subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined \$1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses, impose actions under s. 408.814, and regardless of correction, impose a fine of \$1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained or the unlicensed activity ceases. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is	CZ827			

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CZ827	Continued From page 2 operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. This Statute or Rule is not met as evidenced by: Based on observation, Agency website review and interviews, the facility failed to notify the Agency for Healthcare Administration (AHCA) prior to operating at an unlicensed location. Findings: Review of the FloridaHealthFinder.gov website on at 7:45AM found the Agency address of operation on record for Living Southern Style of Brevard, LLC, license #12363, was 821 Georgia	CZ827		

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CZ827	Continued From page 3 Ave, Rockledge, FL 32955. Observation on arrival to the facility address above on at 7:45AM found that no one answered the door. After calling both the phone numbers available to the AHCA office, no one answered. On at 10:25AM, an investigator from another State agency informed the surveyor that the facility was operating at a different address. The address was 1721 Rockledge Dr. Rockledge, 32955, and 4 residents were observed living in the facility at the new address on On at 4:05PM, the Agency confirmed AHCA was not informed in advance of the change of location, and the new location was not approved or licensed. Class III	CZ827		
A 000	Initial Comments An attempt to conduct a relicensure survey with Limited Mental Health, in conjunction with complaint investigation #2019003530, was made at Living	A 000		

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A 000	Continued From page 4 Southern Style of Brevard, 821 Georgia Avenue, Rockledge, FL 32955 on . The survey was not conducted due to no one being in the facility or available at the time of the visit.	A 000			