

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2019
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIVE, LOVE, LAUGH ASSISTED LIVING INC

**1766 SW COLUMBIA ST
PORT SAINT LUCIE, FL 34987**

(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 unannounced Comprehensive Emergency Management Plan (CEMP) and Environmental Control Power Plan (ECP) monitoring survey was conducted on at Live, Love, Laugh Assisted Living Inc. The facility had deficiencies at the time of the survey.	A 000		
A 163 SS=D	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on interview and record review, the Facility was found to have provided a falsified comprehensive emergency management plan (CEMP) approval letter during their relicensure survey on The findings included: On at 11:12 AM, a request was sent to the local county emergency management agency requesting confirmation of Live, Love, Laugh Assisted Living's CEMP submission and approval. On at 7:01 AM, a representative from the local emergency management agency	A 163		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2019
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIVE, LOVE, LAUGH ASSISTED LIVING INC

**1766 SW COLUMBIA ST
PORT SAINT LUCIE, FL 34987**

(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 163	Continued From page 1 responded with the following information: "The last approval letter we have on file [is dated]I felt to take due diligence and review the documents on file with [another representative from the emergency management office] of my observations. With that said, the 2019 approval letter you sent to me appears to be an altered document." The county representative included current documentation showing the official emergency management agency letterhead used for all 2019 CEMP approvals. The CEMP approval letter submitted by the facility during the Relicensure survey on had clearly been altered and was not written using the current official letterhead of the local emergency management office. No CEMP/EECP submission had been received in 2019. On at 11:00 AM, the Administrator was contacted via telephone and informed of this surveyors presence at the facility for a CEMP and Generator monitoring survey. On at 11:30 AM, the Administrator arrived at the facility. He stated he did not submit the 2019 plan personally; he had given the plan to someone else to submit electronically. The Administrator said there had been no changes to the approved 2018 plan, all that was needed was to send to the county office via email. He stated he picked up a copy of an approval letter from the person that was to have submitted the plan. Upon review of the facility's approval letter and a copy of the official letterhead sent by the local emergency management agency, the Administrator admitted that the facility's copy of the CEMP approval letter appeared to have been altered. The administrator would not provide the name of the person who allegedly submitted the facility's CEMP for approval, as he wanted to speak with that person directly and find out their side of the	A 163		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2019
---	--	---	--

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVE, LOVE, LAUGH ASSISTED LIVING INC	1766 SW COLUMBIA ST PORT SAINT LUCIE, FL 34987

(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 163	Continued From page 2 story before proceeding. Class III	A 163		