Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967473	A. BUILDING: _____ B. WING _____	05/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LAKE ALF INC	3211 W SITKA STREET TAMPA, FL 33614

(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
CZ828 SS=C	408.813(3) FS Administrative Fines; Violations (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observations, records review and interviews, the facility exceeded their licensed capacity of 6, with a resident census of 8. Findings Included: On . . . . . a review of the facility's license was conducted and revealed a licensed capacity of 6 residents. At 9:30am on . . . . . , an interview with Staff A was conducted. Staff A stated that there were 6 residents living in the facility. Staff A presented the facility's Admission and Discharge Log for review and it revealed that residents #3, #4, #5, #6, #7 and #8 were logged in as living in the facility. Staff A confirmed the names of all the residents and failed to mention that any other residents were living in the facility.	CZ828		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ828	Continued From page 1 The Owner of the facility was interviewed at 10:30am on and stated that the facility had 2 daycare residents that were living in the facility full time, due to the COVID crisis. She stated that the daycare residents could not stay home with their families because of the COVID crisis so they were staying in the facility. The names of the residents were given, and they had not been included on the Admission and Discharge Log the facility was maintaining. The 2 residents had beds there and have moved into the facility, so they lived there 24 hours day, 7 days a week. The owner verified the facility's license is only for 6. She stated that their 3rd party business consultant, told them it was okay to do this, stating she had called Agency for Health Care Administration (AHCA) in Tallahassee and received the okay from someone there. The owner stated that the 2 extra residents (Residents #1 and #2) started living in the facility full time at about the end of In a telephone interview with the 3rd party consultant at 10:40am on , the consultant stated she spoke to someone at AHCA in Tallahassee to see if it was okay to have daycare residents stay in the facility 24/7 during the COVID crisis, even if it meant going over the facility's capacity. The consultant stated someone told her it was okay, but she was unable to provide any information about the phone call such as who it was with or the date and time of the call. She stated she had no written confirmation from AHCA that this was okay. A records review of the 2 extra residents was conducted on . Resident #1's records revealed an Assisted Living Facility's (ALF) Adult	CZ828		

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CZ828	Continued From page 2 Day Care Program Agreement signed on . . . . by the Administrator and a family member. The agreement states that the family can drop off the resident at 6:00am and the resident should be picked up by 6:00pm. Resident #2's records revealed an ALF's Adult Day Care Program Agreement signed on . . . . by the Administrator and a family member. The agreement states that the family can drop off the resident at 6:00am and the resident should be picked up by 6:00pm. A tour of the facility at 10:45am on . . . . revealed there were 8 residents living in the facility. All 8 (#1, #2, #3, #4, #5, # #7 and #8) were identified by the Owner and it was noted there were enough beds in the facility to accommodate all 8 residents. Unclassified	CZ828		
A 000	Initial Comments A complaint investigation (complaint number 2020008919) was conducted at Silver Lake ALF Inc on . . . . . There were deficiencies at the time of the survey.	A 000		