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
	AL11969010	A. BUILDING: _____ B. WING _____	11/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELDERLY PRIDE ASSISTED LIVING LLC	322 REGAL PARK DR VALRICO, FL 33594

(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 Monitoring for Closure and a Complaint Investigation (Complaint Numbers: 2020001494, 2020003637, and 2020007450) were conducted at Elderly Pride Assisted Living on 11/03/2020. Deficiencies were identified at the time of survey.	A 000		

AHCA Form 3020-0001

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

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CZ817 SS=C	408.810( ) FS; 59A-35.100(1) FAC Minimum Licensure Requirement - Inform AHCA 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license. (3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of: (a) Information contained in the most recent application for licensure. (b) Required insurance or bonds. (4) Whenever a licensee discontinues operation of a provider: (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled. (b) The licensee shall remain responsible for retaining and appropriately distributing all records within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of or dissolution of a licensee, the estate or agent of the licensee shall: 1. Make arrangements to forward records for each client to one of the following, based upon the client's choice: the client or the client's legal representative, the client's attending physician, or	CZ817		

AHCA Form 3020-0001

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

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CZ817	Continued From page 1 the health care provider where the client currently receives services; or 2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks. 59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to notify the Agency, not less than thirty days prior to the discontinuance of operation as required by authorizing statutes. Findings Included: During observations conducted during a Re-licensure Survey, conducted on at 09:40am, two rooms were empty, and one rooms was used as a storage room. There were packed boxes in the dining room that were full of Facility records and files. During attempts of Facility record reviews,	CZ817		

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CZ817	Continued From page 2 conducted on . . . . . , the Administrator was unable to provide some documents and pulled records from the packed boxes. A mortgage record review dated . . . . . , conducted on , revealed that the Facility would close the mortgage at the new location on or before . A review of the forty-five-day notice given to Residents #1, #2, and #3, conducted on , revealed that the forty-five day notice stated that this was "to inform all residents of [the Facility] that due to some circumstances, the lease of this Home is being suspended by the owner or Landlord [and] I ...have been given a 30-day period to vacate this premises". The notice started on and expired by . . . . . . During a telephone interview with the Assisted Living Facility Supervisor, conducted on . . . . . at 11:16am, the Assisted Living Facility Supervisor stated that the survey would change from a Re-licensure Survey to a Monitoring for Closure Survey. During an interview with the Administrator, conducted on at 11:10am, the Administrator stated that "I am closing this Facility" because the landlord won't renew the lease here. The Administrator did not produce evidence as to what day that the Facility had to be vacated. At 12:40pm, the Administrator stated that he did not inform the Agency in writing that the Facility was closing. Unclassified	CZ817		