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
	AL11963738	A. BUILDING: _____ B. WING _____	06/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOGAR DE AMABLE CONSUELO CORP	134 W 59TH STREET HIALEAH, FL 33012

(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 Wellness Monitoring was conducted at Hogar De Amable Consuelo Corp on . . . . A deficiency was identified.	A 000		
A 120 SS=F	429.17(3) ,275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to meet its financial . . and put five out of five sampled	A 120		

AHCA Form 3020-0001

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

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A 120	Continued From page 1 residents (Residents #1, #2, #3, #4, #5) at risk of homelessness. Findings included: Observation on showed 5 residents living in the facility. Observation on . . . . . at 11:30 AM showed two people came to a sister facility and demanded to speak to the state agency representative. Upon arriving to the sister facility's entrance door, the two individuals identified themselves as the owners of the property. They stated that the ALF's (Assisted Living Facility) owner owed them about $20,000 for the ALF's property. They then provided some unverifiable documentation, which they said was from their attorney, as proof. A review of the facility's eviction notice dated showed the facility indebted a sum of $27,500. The notice also indicated that the facility's owner had 30 days or before to pay the sum, or the property owner would be "entitled to exercise any and all of its right and remedies under the lease and Florida law, including but not limited to, an action for possession of the premises and/or damages for past due rent". On at 01:10 PM, the Owner stated, "My lawyer say don't pay them. It's in court right now. I have the money, but I won't pay them." Class III	A 120		