

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963738	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/09/2021
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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 revisit to a wellness monitoring was conducted at Hogar De Amable Consuelo Corp on through The deficiency was found to be uncorrected at the time of the survey.	{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	{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 and put six out of 8 sampled residents (Residents #2, #3, #4, #5, # 6, #7 and #8) at risk of homelessness. Findings included: Observation on showed residents #2, #3, #4, #5, # 6, #7 and #8 were living in the facility. On at 3:40 PM the house's owner stated, regarding the administrator who was in the process of purchasing the facility, "They have not paid me. I will sent you my lawyer's documents." At 4:30 PM she stated, "She had debts and I gave her three months,, and I assumed loses and earnings; the business was stable. She paid me once. I gave her the invoices starting on and she said she was not paying rent because of COVID. On she started to pay less than what the lease said. In, stopped payments and I gave her 3 days notices for months and then I got a lawyer." A review of email received from the house's owner showed that the current administrator had not paid past due rents and the eviction process was underway. A review of records showed that the house owner's lawyer had requested a final judgement of eviction. Uncorrected Class III	{A 120}		