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
	AL11967297	A. BUILDING: _____ B. WING _____	R 09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VALLEY RETIREMENT HOME, LLC	18140 NW 90 AVENUE MIAMI, FL 33018

(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 standard biennial survey was conducted at Garden Valley Retirement Home, llc on through . The provider had uncorrected deficiencies 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}		

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{A 120}	Continued From page 1	{A 120}		

and put three out of four sampled residents (Residents #1, #2, and #4) at risk of homelessness.

Findings included:

Observation on showed Residents #1, #2 and #4 were living in the facility.

On at 10:45 AM the assistant administrator stated that the facility did not pay the rent because the owner of the facility owed the government money and the federal government had sent her a letter not to pay to the owner because she could go to jail for paying directly to her and then they hired a lawyer and now they pay to a PA Trust.

On at 3:40 PM the house's owner stated regarding the facility's new owner, "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 tenants had not paid past due rents (which was a large amount) and the eviction process was underway.

A review of records showed that on the clerk reflected on the docket that a deposit of $12800 had been deposit on the Court Registry

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{A 120}	Continued From page 2 and not the $39300 demanded and it had be deposited late. A request for a final judgement of eviction was requested to the court. Uncorrected Class III	{A 120}		

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{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a staff (Administrator) that had a break in service of more than 90 days had a new level II background screening completed prior to beginning to work. Findings included:	{CZ814}		

AHCA Form 3020-0001

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

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{CZ814}	Continued From page 1 A review of the facility's employees roster in the background screening clearinghouse showed the administrator was hired on . The employee roster also showed the administrator's last position at another healthcare facility ended . On at 11:30 AM The Administrator's Assistant stated that she did not know that she needed a new background because her were not expired. Uncorrected Unclassified	{CZ814}		