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
	AL11966696	A. BUILDING: _____ B. WING _____	04/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEORAY ALF, INC	101 THOMAS ROAD HOLLYWOOD, FL 33023

(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 An unannounced licensure Complaint (#2023014550) and Generator Monitoring survey was conducted on at Leoray ALF Inc. The facility had a deficiency identified at the time of the survey.	A 000		
A 123	429.27( ) FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds 429.27 (3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of $500 and funds of the resident not in excess of $500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of $500. (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable	A 123		

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A 123	Continued From page 1 agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident. (5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies. 59A-36.013 (2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund,	A 123		

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A 123	Continued From page 2 including the source and disposition of the funds. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to maintain an accurate record that itemized income and expense records of resident's funds for 4 out of 4 sampled residents (Resident #1-#4). The Findings Included: A review of a local Circuit Court Order Authorizing Protective Services dated . , documented Resident #1 was remanded to the facility. Further review revealed that the Administrator of the facility was appointed as Durable Power of Attorney (DPOA). Thus, granting her authority to receive Resident #1s Social Security payments, and authority to conduct banking transactions on behalf of the resident. In an interview with the Administrator on . . . . . at 11:51 AM, a request was made to the Administrator for Resident#1s bank account, or any documentation related to Resident#1s expenditures. The Administrator stated she did not have any documentation. This surveyor asked if she was able to provide copies of the bank statements online or hard copies of the bank statements. She further stated that all funds for Resident#1,2,3 and 4 are placed in the single facility account that is managed by her (Administrator). A review of the facility bank statement from through revealed monthly direct deposits for the following residents:	A 123		

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A 123	Continued From page 3 Resident #1 $1,123.00 Resident #2 $,1068.00 Resident #3 $ 968.00 Resident #4 $ 943.00 In the interview on at 11:51 AM with the Administrator, it was revealed that she was appointed representative payee for Resident's #1, 2, 3 and 4, and that she receives monthly funds as mentioned above. The Administrator stated the Facility has only one business bank account and she acknowledged Residents #1, 2, 3 and 4 funds are commingled with the Facility business account. A request was made to the Administrator to provide the last 6 months of bank statements for the Facility's bank account, and Resident's bank account. The Administrator stated she was not able to provide the information because she does not keep bank account information at the facility as it is kept at her home. She further stated she keeps all financial related documentation at her house. The Administrator was very upset and requested an explanation from the surveyor why she was asking for bank statements and such documents. She also requested an interview with the surveyor's supervisor to confirm request for bank statements. The Administrator was provided with the regulation regarding Resident Trust Funds for further review, at this time, the regulation was discussed with the Administrator. Review of the facility's bank statement dated from . . . . . through . . . . . revealed the monthly income deposits for Resident #1-#4. However, further review of the bankstatement showed numerous non-resident related expenditures transactions. A review of each month's statements revealed multiple online	A 123		

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A 123	Continued From page 4 banking transfers, expenditures, such as: GameStop, Prime Liquors, 24 hour Liquor, various cellphone payments, various cable account payments, various Cash App payments, various Zelle payments, eBay purchases, Gas stations, Home Depot, Publix, FPL, various restaurants, Broward Tax / License, Broward water/waste management, overdraft fees (year-to-date), Apple pay, thrift stores, various withdraws and withdraw fees. A request was made to the Administrator to provide a written itemized expenditures and deposits for Resident #1, 2, 3 and 4. Further review of the facility's bank statement revealed the Administrator was not able to provide an itemized expenditure statement for Resident #1's funds due to multiple transactions that commingle with facility's funds. No additional documentation was provided. Therefore, the facility's Administrator was unable to provide proof the resident's funds were used specificially for the residents. During an interview with the Administrator on at 1:39 PM, she stated she was unable to provide current cash balances for Resident #1, 2, 3 and 4. The Administrator acknowledged the facility does not have separate bank accounts for Resident#1, 2, 3 and 4, and that she is not able to provide written documentation of record keeping to support classification of an itemized income and expense fund records for Resident#1. No additional documentation was provided during the survey. Class III	A 123		