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
	AL11967680	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY WAY ASSISTED LIVING LLC	1120 48TH ST MANGONIA PARK, FL 33407

(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 Assisted Living Facility well-being of residents monitoring survey was conducted on [redacted] Serenity Way Assisted Living, had licensure deficiencies found at the time of visit.	A 000		
A 002 SS=J	429.08 FS Licensure - Unlicensed Facilities Unlicensed facilities; referral of person for residency to unlicensed facility; penalties.- (1)(a)This section applies to the unlicensed operation of an assisted living facility in addition to the requirements of part II of chapter 408. (b)Except as provided under paragraph (d), any person who owns, operates, or maintains an unlicensed assisted living facility commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate offense. (c)Any person found guilty of violating paragraph (a) a second or subsequent time commits a felony of the second degree, punishable as provided under s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate offense. (d)Any person who owns, operates, or maintains an unlicensed assisted living facility due to a change in this part or a modification in rule within 6 months after the effective date of such change and who, within 10 working days after receiving notification from the agency, fails to cease operation or apply for a license under this part commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate offense. (e)The agency shall publish a list, by county, of licensed assisted living facilities. This information may be provided electronically or through the agency ' s Internet site.	A 002		

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A 002	Continued From page 1	A 002		

(2)It is unlawful to knowingly refer a person for residency to an unlicensed assisted living facility; to an assisted living facility the license of which is under denial or has been suspended or revoked; or to an assisted living facility that has a moratorium pursuant to part II of chapter 408.
(a)Any health care practitioner, as defined in s. 456.001, who is aware of the operation of an unlicensed facility shall report that facility to the agency. Failure to report a facility that the practitioner knows or has reasonable cause to suspect is unlicensed shall be reported to the practitioner ' s licensing board.
(b)Any provider as defined in s. 408.803 which knowingly discharges a patient or client to an unlicensed facility is subject to sanction by the agency.
(c)Any employee of the agency or department, or the Department of Children and Family Services, who knowingly refers a person for residency to an unlicensed facility; to a facility the license of which is under denial or has been suspended or revoked; or to a facility that has a moratorium pursuant to part II of chapter 408 is subject to disciplinary action by the agency or department, or the Department of Children and Family Services.
(d)The employer of any person who is under contract with the agency or department, or the Department of Children and Family Services, and who knowingly refers a person for residency to an unlicensed facility; to a facility the license of which is under denial or has been suspended or revoked; or to a facility that has a moratorium pursuant to part II of chapter 408 shall be fined and required to prepare a corrective action plan designed to prevent such referrals.

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A 002	Continued From page 2	A 002		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility transferred 8 residents to two unlicensed Assisted Living Facilities (ALF).

The findings include:

During a tour of the grounds between the hours of 2:30 PM and 4:15 PM on , there were no residents observed on the premises. During an investigation with the Manager on at approximately 2:30 PM and at approximately 9:15 AM , it was revealed that some residents were relocated to other licensed facilities, some were relocated with their family members and the remaining 8 residents (4 males and 4 females) were transferred by herself (The Manager-daughter of the Owner/Administrator of Serenity Way) to two unlicensed Assisted Living Facilities (4900 Wedgewood Way #7, West Palm Beach, FL 33417 and 4723 Margarita Drive, West Palm Beach, FL 33417). The Manager provided a roster of the location of all residents. The Manager revealed that both unlicensed ALF are apartments that she and the Administrator (of Serenity Way) rented to place the last remaining 8 residents. Further investigation revealed that the 8 residents reside at the unlicensed 4900 Wedgewood Way address where they receive care and services (including medication assistance) during the day and 4 (males) out of the 8 residents are transferred to to the 2nd unlicensed address located at the 4723 Margarita Drive address. During a further interview with the Manager, it was revealed that the residents are supervised by staff at both locations.

A review of the Agency's licensure database on , revealed both locations are not a licensed ALF.

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A 002	Continued From page 3 An unannounced visit was made at the unlicensed locations on During the visit the 8 residents were observed at the unlicensed 4900 Wedgewood Way #7 location. An interview with the Manager at 9:25 AM on confirmed the 8 residents were transferred and placed at the location by Serenity Way ALF. Class I	A 002		
AZ817 SS=D	408.810(3-4) FS; 59A-35.100(1) FAC Minimum Licensure Requirement - Inform AHCA 408.810, F.S. 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	AZ817		

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AZ817	Continued From page 4	AZ817		

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 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, F.S.

Provider location
(1) 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.

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AZ817	Continued From page 5	AZ817		

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility failed to inform the Agency of facility closure.

The findings include:

An unannounced visit was conducted on [redacted] at approximately 2:30 PM, to conduct an ALF Monitoring visit.

Upon arrival it was noted the Manager and 1 Employee were loading numerous bags of clothes (not labeled) and miscellaneous items (including furniture and appliances) into a U-Haul truck. During an interview with the Manager at approximately 2:35 PM on [redacted], it was reported the facility was moving and no longer allowed on the premise. The Manager reported the facility was served an eviction notice by the Sheriff's Department on [redacted] (time not specified) and was closing.

During a tour of the grounds between the hours of 2:30 PM and 4:15 PM on [redacted], there were no residents observed on the grounds. Further interview with the Manager of the property revealed the landlord had evicted the renters (Serenity Way) and that they were no longer allowed on the premises. It was also reported that the facility did not notify the Agency or the residents of the facility closure.

On [redacted] the Administrator faxed notification dated [redacted] to the Agency regarding closure of the facility. It was also documented within the notification that within 24 hours the license would be returned.

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AZ817	Continued From page 6 Class III	AZ817		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Serenity Way Assisted Living LLC
1120 48th Street
Mangonia Park, FL 33407

Dear Administrator:

This letter reports the findings of an Assisted Living Facility Monitoring survey that was conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

M. Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

Headquarters
2727 Mahan Drive
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5150 Linton Boulevard, Suite 500
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