STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968174	10/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A - Koolbreeze Care Boca Manor	10705 Eland St Boca Raton, FL 33428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0000-Initial Comments-
0079-Staffing Standards - Levels-58a-5.019(4) Fac
0093-Food Service - Dietary Standards-58a-5.020(2) Fac
0120-Fiscal - Financial Stability-58a-5.021(1) Fac
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac
0162-Records - Resident-58a-5.024(3) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
A monitoring survey to CCR #2012009204, conducted in conjunction with complaint inspection survey (CCR# 2013010433) was conducted on . . . . A-Koolbreeze Care Boca Manor assisted living facility was not in compliance during this visit, with uncorrected deficiencies.

0079-Staffing Standards - Levels 58A-5.019(4) FAC

This deficiency remains uncorrected from a survey conducted on . . . Please refer to separate report for findings.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

This deficiency remains uncorrected from a survey conducted on . . . Please refer to separate report for findings.

0120-Fiscal - Financial Stability 58A-5.021(1) FAC
Based on record review and interview, the facility failed to maintain written business records which accurately reflect the facility's assets, expenses and liabilities to ensure financial stability.

The findings include:

Review of the facility's resident rental policy and procedure indicated that the facility will account for all expenses and income by accurately documenting monthly accounting in the rental log for review by the Agency. Review of the facility's accounting policy and procedure indicated that the facility will account for all the funds collected and distributed by documenting monthly in the "income/expense statement" to ensure the facility is financially sound. Review of the facility's resident account logs, monthly income/expense statements and resident rent logs did not

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contain any accounting information. Review of the facility's 2013 and 2013 bank statements indicated that deposits and debits were made in aggregate with the administrator ' s private home expenses without indication to the sources of payments received and made.

In an interview with the Administrator on at 2:15 PM, she stated that the facility is overall financially sound but does not have further documentation other than the provided bank statements. She also stated she could not specify the deposits and debits from the bank account and the facility has not followed its own financial and accounting policies and procedures by not documenting its accounting in the prescribed forms. She stated at this time that she only has proof of payment to the fire panel maintenance contractor on for service performed on for $250 and does not have proof of payment to the fire sprinkler contractor.

In an interview with the fire panel maintenance contractor on at 12:55 PM, he stated that the facility was not currently monitored by their company and that he was not aware if there was another contractor monitoring the facility. He stated at this time that the facility has not been monitored since due to lack of payment for the monthly monitoring fee and the inspection he conducted on

In an interview with fire sprinkler contractor on at 4:35 PM, he stated that he last performed a fire sprinkler inspection at the facility in 2012 and was not paid for those services until or 2013. He decided to not renew the facility ' s fire sprinkler inspection and maintenance contract. He stated at this time, that when the Administrator paid him for the services the initial check bounced. The Administrator told him that it was the bank ' s fault the check bounced and asked him to cash the check again a few days later, which it went through.

In an interview with the fire inspector on at 10:20 AM, she stated that she confirmed that the facility's fire panel was not currently being monitored. She stated that she spoke with the fire panel maintenance contractor and was informed, that he received partial payment from the facility on but he will not continue the contract to service/monitor the facility ' s fire control panel.

The facility since survey has been unable to prove financial stability. As evidence of the facility's inability to provide requested financial documents and delinquent fire inspection service bill.

Class III - UNCORRECTED

This deficiency remains uncorrected from surveys conducted on and Please refer to individual reports on noted dates for findings.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation, record review and interview, the facility failed to provide a safe living environment and an environment free of hazards.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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a) In an observation of the kitchen sliding door leading to the patio, the door did not have a handle to properly open and close the sliding door. In an interview with the Caregiver on at 12:20 PM, she stated that the door has been like that for months and does not know why it was not fixed.

b) In an interview with Resident #1 on at 2:25 PM, he stated that the blinds in his not fixed. He stated that the facility staff were told about the blinds over a month ago. In an observation at this time, the blinds in the resident's the window facing the south were completely removed from the window and the window facing the east had several vertical panels missing (photographic evidence obtained).

c) In an interview with the fire panel maintenance contractor on at 12:55 PM, he stated that the facility was not currently monitored by them and that he was not aware if there was another contractor monitoring the facility. He stated at this time that the facility has not been monitored since due to lack of payment for the monthly monitoring fee and the inspection he conducted on

In an interview with fire sprinkler contractor on at 4:35 PM, he stated that he last performed a fire sprinkler inspection at the facility in 2012 and was not paid for those services until or 2013. He decided to not renew the facility's fire sprinkler inspection and maintenance contract. He stated at this time, that when the Administrator paid him for the services the initial check bounced. The Administrator told him that it was the bank's fault the check bounced and he asked him to cash the check again a few days later, which it went through.

In an interview with the local fire inspector on at 10:20 AM, she stated that she confirmed that the facility's fire panel was not currently being monitored. She also stated she spoke with the fire panel maintenance contractor and was told by him that he received partial payment from the facility on and that he will not continue the contract to service/monitor the facility's fire control panel.

Review of the fire inspection report dated documented the following. The facility's fire alarm system must be monitored, inspected and tested quarterly. Fire watch information was provided to the facility, fire sprinkler needs repair to fix pipe hanging by the back porch, the fire sprinkler system must be inspected and tested annually.

Review of the fire inspection report dated documented that the facility was in violation of fire codes because the fire alarm was not being monitored by an approved company and the fire alarm system required the facility to be placed on a fire watch.

Class III - UNCORRECTED

This deficiency remains uncorrected from surveys conducted on and Please refer to individual reports on noted dates for findings.

0162-Records - Resident 58A-5.024(3) FAC
This deficiency remains uncorrected from a survey conducted on Please refer to separate report for findings.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
A - Koolbreeze Care Boca Manor
10705 Eland St
Boca Raton, FL 33428

Dear Administrator:

This letter reports the findings of a monitoring survey, conducted in conjunction with complaint inspection (CCR#2013010433) conducted on 2013 by a representative from this office. Attached is the provider's copy of the State 5000-3547 Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547 form

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