STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	04/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elena Assisted Living Facility	1731 Sw 11 Street Miami, FL 33135	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Financial Monitoring Survey was conducted on . , 2014. Elena Assisted Living Facility Corp. had deficiencies at time of survey .

0120-Fiscal - Financial Stability 58A-5.021(1) FAC

Based on record review and interview, the facility failed to provide the Agency financial records to ensure adequate resources are available to meet facility and resident needs.

Findings Include:

On . at 12:27 p.m. requested a copy of the ALF lease for the financial review, ALF owner stated, " The original copy is with the attorney because I had a small problem with the owner and now I am paying my rent directly to the court.

On . at 12:28 p.m. ALF owner stated, " He (the owner) wanted me to do a new lease, and I said I would not do it so I got an attorney involved. "

On . at 12:33 p.m. ALF owner stated, "He (building owner) gave me a lease for 10 years since 2008, the zoning is in my name. He wanted to modify the lease and I won ' t do it. I started paying the court since last month.

Surveyor requested receipts of prior lease payments to owner. ALF owner stated, "I have the receipts of the payments to the court; my lawyer has the rest of the receipts of what I paid to the owner. I will have my lawyer fax me the documents.

On at 12:39 p.m. requested a copy of ALF rental payments from 2012 to present, ALF owner stated, " I have the receipts for the payments I have made to the court, the rest for the previous years are at my lawyers office, I will have him fax them to me. I don ' t think I have anything for 2012, it might be in a box here in the ALF I just don ' t remember which one. "

On at 2:55 p.m. requested financial documents for review, utilities, cable and food. ALF administrator called her attorney and passed the phone over to me the attorney stated, " I have instructed her not to give you any documentation, without first you requesting it through me. " I then notified the field office of the conversation and relayed the attorney ' s information to ALF supervisor.

On at 3:43 p.m. ALF owner stated, " The property is in foreclosure, I am trying to buy it, my attorney spoke to the attorneys at the bank, and however you have to speak to my attorney to find out what is going on. "

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If we can ' t stay the bank has to give us time to move the residents. I ' m trying to find another place to rent, if I can ' t find a place I will close and send AHCA my license. "

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elena Assisted Living Facility
1731 Sw 11 Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a state Financial Monitoring survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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