STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	05/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vizcaya By The Sea	1621 North Ocean Blvd Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= B
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= B
St - A - 0123 - 58a-5.021(4) Fac - Fiscal - Resident Trust Funds & Adv Payments S-S= D
St - A - 0126 - 58a-5.021(7) Fac - Fiscal - Resident Accounting S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the complaint survey was conducted on . Vizcaya by the Sea had uncorrected deficiencies found at the time of the visit.

The follow-up to the complaint survey was held in conjunction with a Financial Monitoring visit on the same date. Please refer to separate report for findings.

0123-Fiscal - Resident Trust Funds & Adv Payments 58A-5.021(4) FAC

Based on record review and interviews, the facility failed to ensure that resident funds were accurately accounted for 3 out of 3 sampled residents (Residents #1, #2, #3).

The Findings Include:

During record review conducted on , the Administrator provided a Resident Funds Log binder that included blank sheets of paper. In an interview conducted on at 3:30 PM./ the Administrator stated she does not keep any resident funds.

In a phone call conducted on at 1:14 PM, the Administrator stated that she nor the facility were the payee on any resident's account. The Administrator added that she did not want to be a payee for any resident. She stated that she was going to be a payee for Resident #2 as he had no relatives and " he did not want to deal with the money situation." She stated she was going to the Social Security Administration (SSA) office to become the payee for Resident #2. At the end of the conversation, this writer requested that the Assisted Living Facility (ALF) Supervisor join the call. The Administrator stated to the ALF Supervisor that she did not know who she was the payee for at her facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	05/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vizcaya By The Sea	1621 North Ocean Blvd Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In a phone call conducted on [redacted] at 1:45 PM, the Administrator stated she is the payee for Resident #1. She stated she went to the SSA office on [redacted] to become the resident's payee, but did not receive any payments until [redacted]. She stated that she never went to the office to pick up the money. She stated a lump sum was received [redacted] and that she owes $30.00 for 5 months for a total of $150.00 for Resident #1.

The Administrator stated she did not have a resident funds log because she just received the lump sum payment for Resident #1 on [redacted]. She stated she could create a log for him and fax it to this writer's attention. She stated Resident #1 has not received $150.00 because he has severe [redacted] and would not know what to do with the money and he has no family to handle financial affairs. The Administrator stated Resident #1 has a sister who does not want to be the payee.

During the same phone call, the Administrator stated, she was going to the SSA office with charts for Residents #1, #2, and #3. She stated she went to the SSA office on [redacted] to become a payee for Resident #3, but added she does not want to be a payee for any resident.

A fax was received on [redacted] at 11:47 AM from the Administrator. The fax included a Resident Funds Log with Resident #1's name written on the top. The first entry dated [redacted] listed $5,718.00 as received. The second entry dated [redacted] listed $5,568.00 as a payment to the facility. The third and last entry dated [redacted] listed $1,147.00 as payment received and an ending balance of $180.00.

It could not be determined which residents the facility safe keeps funds for or serve as a representative payee due to conflicting information obtained during various interviews with the Administrator.

Class III - This is an uncorrected deficiency

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	05/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vizcaya By The Sea	1621 North Ocean Blvd Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0126-Fiscal - Resident Accounting 58A-5.021(7) FAC

Based on record review and interviews, the facility failed to ensure that quarterly statements were given to 1 out of 3 sampled residents (Resident #1) for whom the Administrator was the resident's payee.

The Findings Include:

During record review conducted on the Administrator provided a Resident Funds Log binder that included blank sheets of paper. In an interview conducted on at 3:30 PM./ the Administrator stated she does not keep any resident funds.

In a phone call conducted on at 1:14 PM, the Administrator stated that she nor the facility were the payee on any resident's account. The Administrator added that she did not want to be a payee for any resident. She stated that she was going to be a payee for Resident #2 as he had no relatives and " he did not want to deal with the money situation." She stated she was going to the Social Security Administration (SSA) office to become the payee for Resident #2. At the end of the conversation, this writer requested that the Assisted Living Facility (ALF) Supervisor join the call. The Administrator stated to the ALF Supervisor that she did not know who she was the payee for at her facility.

In a phone call conducted on at 1:45 PM, the Administrator stated she is the payee for Resident #1. She stated she went to the SSA office on to become the resident's payee, but did not receive any payments until She stated that she never went to the office to pick up the money. She stated a lump sum was received and that she owes $30.00 for 5 months for a total of $150.00 for Resident #1.

The Administrator stated she did not have a resident funds log because she just received the lump sum payment for Resident #1 on She stated she could create a log for him and fax it to this writer's attention. She stated Resident #1 has not received $150.00 because he has severe and would not know what to do with the money and he has no family to handle financial affairs. The Administrator stated Resident #1 has a sister who does not want to be the payee.

There was no quarterly statement available for review for Resident #1 as the Administrator stated she received the first payment from SSA for Resident #1 on This was verified upon review of a letter from SSA that the Administrator faxed to this writer. However, the letter stated that Resident #1 was eligible for benefits beginning No additional information was provided by the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	05/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vizcaya By The Sea	1621 North Ocean Blvd Pompano Beach, FL 33062	

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

Administrator.

It could not be determined which residents the facility safe keeps funds for or serve as a representative payee due to conflicting information obtained during various interviews with the Administrator. Therefore, it could not be determined which residents were entitled to receive quarterly statements.

Class III - This is an uncorrected deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Vizcaya By The Sea
1621 North Ocean Blvd
Pompano Beach, FL 33062

RE: CCR# 2013012131 and #2014000504

Dear Administrator:

This letter reports the findings of a second complaint Revisit Survey conducted on May 14, 2014 by a representative from this office. Attached is the provider's copy of the State Form 5000-3547, 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 2014.**

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 form 5000-3547
YOSF