STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964862	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fountain Of Youth	9001 Bana Villa Court Tampa, FL 33635	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D

Specific Tag Findings:

Assisted Living Facility

A Complaint investigation CCR#2014010174, was conducted on .

The Fountain of Youth had deficiencies found at the time of this visit.

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

Based upon interview & record review, the facility failed to demonstrate that it was operating on a sound financial basis.

Findings Include:

1. Information obtained from the agencies central office received on revealed that the facility check for licensure fees had not been honored by the bank due to insufficient funds.

During the survey of 11 & interview with the administrator at approximately 12 p.m. she said her daughter was the person taking care of the facility's bills and that the licensure renewal fee was paid by money order.

2. Additionally, during the time of this visit, the county utility company put a disconnect notice on the door of the facility at 11:45 a.m. on . This notice was found when the surveyor walked out to her car. Per conversation with the administrator she said she had paid the utility bill (water bill) on line. The administrator contacted the utility company and paid $327.75 of the $422.78 she owed with a credit card. A telephone interview with the utility company representative verified since the bill was paid up until the water would not be turned off.

3. When asked for the facility income & expense records at approximately 12 noon the administrator stated she did not have that information at the facility as they were in her home. She stated all documentation of expenses paid, invoices are also at her personal residence.

4. Per interview with the administrator, she was representative payee & holding personal spending money of approximately $5,498.00 for 5 residents (#1, 3,4,5 &6). A review of the surety bond on file dated revealed it was for $3,000.00 which is not double the monthly amount of funds held in trust. When questioned further, the administrator said she would double the amount of the surety bond.

5.The administrator stated she had not been maintaining a log for resident's personal spending money held in trust.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fountain Of Youth
9001 Bana Villa Court
Tampa, FL 33635

RE: CCR #2014010174

Dear Administrator:

This letter reports the findings of a complaint survey and a biennial state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the , 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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