STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932616	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Village, Inc.	13107 N. 22nd Street Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0125 - 58a-5.021(3) Fac - Fiscal - Surety Bonds S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint survey CCR #2014010496 conducted on

Arbor Village Inc., Assisted Living Facility, had one deficiency identified at the time of the visit.

0125-Fiscal - Surety Bonds 58A-5.021(3) FAC

Based on interview and record review, the facility did not maintain a sufficient surety bond in order to cover the needs of those designated residents whose monthly income was totaled (#1; 2; 4; 6; 7;8) and for whom it served as representative payee.

Findings Include:

In an interview with the facility co-owner at approximately 11:20 a.m. on he stated that he was the representative payee for Residents #1, 2, 4, 6, 7, and 8. The monthly income amounts for these individuals was added and the total came to $4,790. Review of the facility's surety bond found a document that equaled $7,000. However, this short of the requirement that it be at least twice the value of the residents' monthly aggregate income, including any supplementary security income or social security income plus payments (including the personal needs allowance). Interview with the co-owner at approximately 12:30 p.m. on verified that he had no other bond and that he wasn't aware of this requirement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arbor Village, Inc.
13107 N. 22nd Street
Tampa, FL 33612

RE: CCR #2014010496

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2015 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 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,

Teresa Ryan RNC
for Patricia Reid Caufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com