STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Lake Retirement Home	1222 North 16th Avenue Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - Z809 - 59a-35.062(3)(e)&(7),408.803(7),408.810 - Proof Of Financial Ability To Operate S-S= G
St - A - Z819 - 408.810(9) Fs - Minimum Licensure Req - Financial Viability S-S= G

Specific Tag Findings:

0000-Initial Comments
An unannounced financial monitoring survey was conducted on [redacted] at North Lake Retirement Home. The facility had deficiencies found at the time of the visit.

Z809-Proof of Financial Ability to Operate 59A-35.062(3)(e)&(7),408.803(7),408.810
Based on record review and interview, it was determined the facility failed to provide proof of its financial ability to operate. As evidence, of the facility's property currently under foreclosure due to failure to meet financial payment

The findings include:

During an entrance conference at 9:15 AM on , 2015, the Administrator revealed that the bank holding the mortgage, had served the facility with notice to start the foreclosure proceedings in 2014. He reported that he had not informed the Agency for Health Care Administration of the notice of foreclosure. Observations on [redacted] revealed that the Administrator is currently operating an Assisted Living Facility on the property with a current census of 103 residents.

The surveyor, at this time, requested the facility provide proof of legal right to occupy the property and that financial regarding the property had been met. During an interview with the Administrator on , he confirmed and verified receipt of the request from the Agency for Health Care Administration dated for [redacted] requesting proof of financial stability. The Administrator stated he has not submitted the information because he is in current negotiation with his private lender and the current owner of the property to purchase the property. During further interview with the Administrator, the state surveyor requested proof of a financial settlement for the property and proof of funds to purchase the property. The Administrator stated he could not provide the information because the loan has not yet been granted by his private lender. He stated as a result, a financial settlement has not been finalized and is still being negotiated. Therefore, the facility was not able to provide proof that it had the legal right to occupy the property and that the facility had met its financial housing

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Record review revealed a written request (dated from the agency was sent to the facility requesting documentation indicating proof of legal right to occupy the property, the deadline to submit the information was (as noted in the letter). As of , the Agency for Health Care Administration had not received the requested items. The facility failed to show proof of legal right to occupy the property, as requested. As of the date of the survey the facility has not provide any financial documentation indicating that the facility is able to meet aforementioned financial and the legal right to occupy the property.

The court order was observed and read that the owner had started foreclosure proceedings on , 2014. During an interview with the Agency for Health Care Administration's Assisted Living Facility licensing unit on at 1 PM, they confirmed there had been no notification received that the facility's lien holder had started foreclosure proceedings.

The facility's inability to provide proof of legal right to occupy property and meet its financial housing directly affects the safety and well-being of the residents as this relates to the housing of 103 at risk residents, whom reside in the facility to receive assistance and/or supervision with Activities of Daily Living and/or medication assistance and housing (including daily meals).

Class II

Z819-Minimum Licensure Req - Financial Viability 408.810(9) FS
Based on facility record review and interview, it was determined the facility failed to provide notice of a foreclosure on the property and that the financial lender is in the process of foreclosure.

The findings include:

During an entrance conference at 9:15 AM on , 2015, the Administrator revealed that the bank holding the mortgage, had served the facility with notice to start the foreclosure proceedings on , 2014. He reported that he had not informed the Agency for Health Care Administration of the notice of foreclosure. The court order was provided by the Administrator. Review of the court order revealed that the bank had started foreclosure proceedings on , 2014.

During an interview with the Agency for Health Care Administration's Assisted Living Facility licensing unit on at 1 PM, they confirmed there had been no notification received that the facility's lien holder had started foreclosure proceedings.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
North Lake Retirement Home
1222 North 16th Avenue
Hollywood, FL 33020

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a monitoring survey that was conducted on , 2015 by a representative 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. Staff from this office will conduct a second review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. (Note: Refer to letter dated , 2015 from the Assisted Living Unit regarding documentation requested).

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
Enclosure

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