STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adkinson Retirement Home	2050 58th St N Clearwater, FL 33760	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - Z809 - 59a-35.062(3)(e)&(7),408.803(7),408.810 - Proof Of Financial Ability To Operate S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A monitoring visit was conducted on .

The Adkinson Retirement Home, assisted living facility, had a deficiency 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 interviews the facility failed to provide a stable environment for 21 of 21 residents by not maintaining the rental payments, per an agreed upon lease, for the property on which the facility is located.

Findings include:

1- On , a record review was completed on a " three day notice " provided by the landlord. The notice indicated that the facility had under paid its lease agreement for the months of . 2014, 2014 and 2014 by $748.91 per month.

2- When interviewed on . at 9:50 AM, the facility administrators stated that they had seen the " three day notice " delivered by the landlord and that it had arrived sometime last week. Administrator #1 stated that he was, " not going to pay that amount because it included an increase of over $700 and that includes the escrow and the landlord can ' t show what he is doing with the escrow money and he is not paying the property taxes. "

3- On , a record review was conducted on the lease, signed by the administrators of the facility. The lease, signed on , indicated that the facility would make monthly payments which included property rent, escrow and sales tax. The lease indicated that he landlord would have gradual rate increases started in the third year. The guarantors for the lease were the administrators of the facility.

4- When interviewed on . at 9:50 AM, administrator #1 stated that the facility has an attorney working on this because the landlord owns them money. Administrator #1 provided the name of the attorney but did not have any contact information.

5- On . at 10:50 AM, the attorney whose name was provided by the administrator, denied any knowledge of the administrator or the facility and stated that he does not represent them in any legal

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adkinson Retirement Home	**2050 58th St N Clearwater, FL 33760**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

matters.

6- When interviewed on at 11:30 AM, administrator #1 was asked about the underpayment in 2014, 2014 and 2014 after the facility made payment in full in the month of 2014 and records indicate that the landlord was charging the agreed upon amount. Administrator #1 stated that the facility could not make payments because the census was too low. Administrator #1 stated that they don ' t have enough money coming in to pay the contracted monthly agreed upon amount.

7- On , a record review was completed and indicated that the facility was behind in payments by $27,465.27. This included the underpayments for 2014, 2014 and 2014, along with payments of $12,609.27 for and of 2015.

8- On , a record review of the Pinellas County Clerk of the Court Web site, indicated that the landlord had filed a delinquent tenant motion (15-000900- CO) on with summons issued to the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

Dear Administrator:

This letter reports the findings of a monitoring visit 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 deficiency that was 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida