STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	12/21/2015
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOUR ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

0000 Initial Comments

A complaint investigation (CCR# 2015012019) was conducted at Safe Harbour Assisted Living Facility on / and further record reviews and interviews were conducted on / . Safe Harbour assisted Living Facility had deficiencies at the time of the investigation.

Z809 Proof of Financial Ability to Operate

Based on interviews and record reviews, it was determined that the facility failed to notify the Agency for Health Care Administration (AHCA) of significant financial instability.

The findings included:

During a visit to the facility, the surveyor entered the facility and observed both the Administrator and Former Owner in the facility office. Both identified themselves as persons in charge, and each gave a business card listing their names as well as the facility name to the surveyor. (Photographic evidence was obtained).

At 10:09 AM, an interview was conducted with the Former Owner. An AHCA supervisor was a witness to, and participant in the interview per telephone. The Former Owner was asked whether he currently owned the facility buildings and property. The Former Owner confirmed that he no longer held ownership of the facility grounds or buildings. The Former Owner stated that he had behind on his financial to the note holder, and that the new owner had " paid the note and the bank sold it to him "

The Former Owner was asked whether he had notified the Agency that he was experiencing financial distress prior to having lost ownership of the facility grounds and buildings. The Former Owner confirmed that he at no time notified AHCA that the facility was financially unstable. The Former Owner confirmed that he did not notify the Agency (AHCA) prior to, or subsequent to, the change of ownership of the facility.

On / , the surveyor placed a telephone call to the County Records, Taxes, and Treasury Division. A representative of the County Office of Public Communication confirmed to the surveyor that the facility property taxes were in arrears from 2009 until 2014. Documentation of the delinquent taxes was requested and obtained.

A review of a certified letter dated / sent to the Former Owner by the County Administrator

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SUMMARY STATEMENT OF DEFICIENCIES
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revealed the following:

1) The Former Owner owed $27,939.31 in unpaid taxes to Broward County as of /
2) The certified letter sent to the Former Owner included the following: " There are unpaid taxes on this property and will be sold at Public Auction on , 2014 unless the back taxes are paid. "

A copy of the certified letter was obtained as evidence.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Safe Harbour Assisted Living Facility
1320 SW 26th Street
Fort Lauderdale, FL 33315

RE: CCR #2015012019

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 and , 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. 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 29, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
XG90

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