RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Ailin Living Facility
7005 W 16th Ave
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a monitoring state licensure survey that was conducted on , 2016 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. **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 , 2017.** 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 surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964588	**11/08/2016**
NAME OF PROVIDER OR SUPPLIER **AILIN LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7005 W 16TH AVE HIALEAH, FL 33014**	

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

0000 - Initial Comments

A monitoring visit was conducted at Ailin Living Facility Inc, facility # 11964599, on 11/08/2016. Deficiencies were identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that a qualified Administrator was responsible for the site's operations.

for the Change of Administrators application mailed to the Agency for Health Care Administration (AHCA) for any type of changes in their Administrator position at the time of the survey.

Findings included:

Record review revealed that the previous Administrator could no longer be involved in operating the ALF due to an ineligible background screening. An application to change the Administrator was never received by AHCA requesting the change. The acting Administrator was found to be operating two assisted living facilities (ALFs) at the same time and there was no documentation that there was a manager at either facility.

Interviewed Administrator on - at 9:30 Am, Staff A she stated that she was the new Administrator of the facility and she had mailed in the change of Administrator's application to the Agency, and she and supplied a copy of the application. Staff A further stated that the application was sent by certified mail, and she was waiting to hear from the Agency in regards to the changes.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview, the facility financial Officer is not eligible to have any contact with the facility finances involved with the Residents funds and the facility funds due to an ineligible Level II background screening.

Findings included:

A review of the Background Screening clearinghouse database showed that the Owner/Financial officer had an ineligible level II background screening.

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

Record review showed that the facility has accounts with two banks in Miami and the Residents funds are in those two banks. Further record review showed that the owner has still been transferring funds to the facilities.

Interviewed the Administrator on 12-05-2015 at 11:00 Am , the Administrator stated the Owner was at the facility paying the staff and is still in control of the facility finances.

At 2:15 Pm on , during a conference call with the facility Accountant in regards to the changing the Owner's name off of the facility bank accounts, the accountant noted that the Owner was still in charge of the accounts and had not stopped writing checks and dealing with the facility finances at this time.

A review of a document from the back after the conference call showed that the bank had added the new Administrator to the accounts as a signer, but the accounts still belonged to the Owner.

UNCLASSIFIED