STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968870	R 02/28/2017
NAME OF PROVIDER OR SUPPLIER **WINSTON'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6951 NW 5TH CT** **MIAMI, FL 33150**	

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

0000 - Initial Comments

Complaint (CCR #2016011271 and #2016012437) Revisit Survey was conducted on 02/24/17. Winston's ALF with Limited Mental Health Component License #12723 had the following deficiencies found at the time of the survey:

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7),408.803(7),408.810

Based on record review and interview, the facility failed to provide documentation to show financial ability to operate.

Findings included:

Record review showed the facility did not have the income and expense records for the previous three months.

On at 8:20 AM according to the administrator, he sent the proof the financial ability to operate. The administrator continued "I did not receive a call from AHCA stating that they never got it so that is why I assumed that everything was fine. At this moment I do not have it with me but I will try to find it and send it back to AHCA as soon as I find it."

On At 9:51 AM the administrator stated that he had sent this information to Tallahassee and to the local office via e-mail.

On at 9:47 AM the licensure unit stated, "the proof of financial ability to operate projections provided in response to the Agency's letter , 2016 requiring a financial stability review, are not compliant with the Agency's request and not acceptable for the following reasons: The projections are required to be for the coming 24 months of operations. This is an established ALF in continuous operations for some time."

Unclassified

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, interview, and record review, the facility failed to show evidence that they were in their licensed capacity by not granting the agency access to other parts of the duplex.

Findings include:

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On at 6:30 AM during the tour of the licensed ALF were observed four residents living in this area. The property where the ALF is located is a duplex, overcapacity was previously cited on the survey ending .

On at 6:50 AM Caregiver B did not grant permission to go and check the back part of the building, the other part of the duplex. Caregiver B stated that was his private property and that I did not have authorization to go and check it, and it was a different address it was 6953.

On /17 at 8:50 AM second requested to the administrator to have access to the other part of the duplex, #6953. The administrator stated that he could not granted me that because that part of the duplex did not belong to the ALF, that is why the address stated 6951.

On at 9:15 AM was explained to the administrator that this deficiency was not going to be corrected because the access to the other side of the property was not granted. The agency could not verified that the facility did not have other residents living on that property receiving care and services.

Unclassified