STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a monitoring visit for financial stability was conducted at Park Place Assisted Living. Deficient practice was identified at the time of the visit.

(License # 8284)

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interviews, the facility was not being administered on a sound financial basis in order to ensure sufficient resources to meet resident needs.

Findings included:

A review was conducted of emails sent by two staff, Staff A and Staff B received on . The emails stated that staff had not been paid for the pay period from to . Staff C was interviewed by phone on and she stated she had not been paid for the pay period from to . Staff C stated she had tried to call the owner to find out why she wasn't paid but the phone was busy all the time.

The owner of the company managing the facility stated on at 3:00 pm during a phone interview that he owns the company managing Park Place Assisted Living. At the end of , he entered into arrangement with the owner of the facility to manage Park Place Assisted Living. He stated the owner of the facility gave him the keys to the facility on and the plan was for the managing company to help him fill his empty building and eventually apply for a Change of Ownership (CHOW) in 2018. It was the Owner's responsibility to cover all financial costs (payroll, supplies) and the managing company's services would be free of charge.

The owner of the management company stated on that the owner paid payroll on (pay period ending). One resident was admitted on and the owner of the facility received payment for the resident, 1/2 month of and full month of ($6000 total) on . He failed to pay the staff on 11/ (for hours worked -). There were a string of text

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messages that went back and forth between him and the owner of the facility. The owner told the managment company that the money for the payroll was "accidentally" spent and he would try to send more money to cover the payroll. He never did send the money or cover the payroll.

The owner of the management company stated on that in light of the current situation at Park Place, the resident's power of attorney (POA) had placed her in another facility and the building currently has no residents. The staff had now all quit to seek employment elsewhere to secure a paycheck.

Record review on of the liability insurance policy revealed it was not liability insurance but mortgage insurance which was required by the lender.

When questioned about the liability insurance, the owner of the facility stated on at 1:10 pm that he did have liability insurance and he would fax it right away. To date, no proof of current liability insurance has been received.

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview, the facility failed to maintain liability insurance coverage that is in place at all times.

Findings included:

Record review on of the liability insurance policy revealed it was not liability insurance but mortgage insurance which was required by the lender.

When questioned about the liability insurance, the owner of the facility stated on at 1:10 pm that he did have liability insurance and he would fax it right away. It was never faxed.

Class III