STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	R 01/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING	**541 PARK STREET** **DUNEDIN, FL 34698**

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on to a financial monitoring visit of at Park Place Assisted Living. The deficient practice previously cited on was uncorrected during the revisit.

(License # 8284)

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

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

Findings included:

Observation made on at 9:45 am revealed there was no one at the facility. It was locked and there was very little furniture inside. There was no mail in the mailbox and there were no newspapers on the ground.

There was a piece of paper hanging from the door from the Utility Billing Section which stated as of , there has been no payment. Please contact the Utility Billing Office. Water Service will be discontinued on .

The administrator/owner was called on at 10:15 am to ask if he wanted to come to the facility and provide some documentation to show he was correcting the deficiencies. The phone rang busy each time a phone call was made. No contact with the administrator/owner could be made.

Uncorrected 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.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	R **01/29/2018**
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)

Findings included:

Record review on and of the facility's 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 on . On , there was still no documentation from the owner of the facility showing that he did have liability insurance in place at all times.

Uncorrected from
Class III