STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	R **04/11/2018**
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)

0000 - Initial Comments

Assisted Living Facility

A second revisit was conducted on to a financial monitoring visit of and at Park Place Assisted Living. The deficient practice previously cited on and 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 observation and interview, 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 10:15 am revealed there was no one at the facility. It was locked and there was very little furniture inside. The mailbox was full of mail dating back to . There were no newspapers on the ground and the garbage cans were missing.

The administrator/owner was called on at 10:30 am to ask if he wanted to come to the facility and provide some documentation to show he was correcting the deficiencies. The administrator returned the call on at 10:45 am and he stated he had documentation showing where he was paying all of this bills and he would fax this documentation to the Agency's St Petersburg's office later that day. As of , there has been no documentation faxed to the St Petersburg office.

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.

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

Findings included:

Record review on . . .. . 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 10:45 am 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 Class III