

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/11/2018  
FORM APPROVED

|                                                                                          |                                                                                       |                                                     |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968250</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>05/02/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CALVINELLE SOUTH ASSISTED LIVING FACILITY INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1750 NW 41 STREET<br/>MIAMI, FL 33142</b> |                                                     |

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

**0000 - Initial Comments**

A Complaint (CCR# 2018006232) Survey was conducted on , 2018 to , 2018. Calvinelle South Assisted Living Facility (license #12229) had the following deficiency identified at time of the survey.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on interview, record review, and observation the facility failed to treat the resident with dignity and respect. The facility's owner discharged one out of eight sampled residents (Resident #1) to a homeless shelter without proper notice or discharge to a safe environment. Resident #1, who had a chronic mental health illness, was reported missing and was not located at the shelter for multiple days.

Findings included:

On at 1:25 PM Interview with Resident #1 at the homeless shelter revealed, "I lived in home for three to four months. The Administrator was the one responsible for the building. He moved me to that location. The Administrator said he was placing me here. He said he talked to my daughters. I did not say anything. He was the boss. He called a car. What was I to do? I did not argue with him. He is the boss and you do what the boss says. I took my things and put them in the car and the care dropped me outside." Resident #1 stated he was not taking any medications, doctor dismissed them. He does not remember the last time he saw a doctor.

A Review of Resident #1's health assessment (Form 1823) which was provided by the family's attorney showed a medical history and diagnoses of chronic indifferntiated type. Resident #1 required assistance with self-administration of medications. Resident #1 was last prescribed based on the health assessment 5 mg used to treat the symptoms of and other mental , 40 mg used to treat high and failure, DS used to treat or prevent certain kinds of . The Administrator was not able to provide any documentation that the resident received any medications.

On at 11:19 AM Resident #1's family's attorney stated in an interview, "The Administrator claim, Resident really wasn't a resident there. That he was living in an independent house and not an assisted living facility (ALF). They put him in an Uber and dropped him off to shelter. We contacted the shelter and they said he was not there. I am very frustrated, the owner is not being truthful, he keeps changing his story. The facility did not contact the family to inform them that he was kicking him out. All of the payment the family made were to the ALF. Department of Children and Families (DCF) is involved. We

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/11/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968250</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>05/02/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CALVINELLE SOUTH ASSISTED LIVING FACILITY INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1750 NW 41 STREET<br/>MIAMI, FL 33142</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                     |
| <p>just want to find this man."</p> <p>On at 2:40 PM Resident #1's daughter stated in an interview, "He has lived there for a year or more. He went there from the mental crisis facility and they referred us to this place. The way he explained it to us he had three houses the first house was the strictest, the second house was medium, and third house he would have more freedom. We were told all of the houses were ALFs. My sister is the one who paid. They did not call me or my sisters at all. The day I went there, was the day I was going to pay the month's check. When I ask where is my dad, the guy there told me the Administrator took him somewhere and that he did not think he was coming back. They used to call us about everything. When I called the Administrator to find out where my dad was he said he put him in a car. He was yelling and very rude. I asked him did you report him to the police he said no, we had to call the police. He never called us. We was taking medications when he left the crisis mental hospital because he is ."</p> <p>On at 4:44 PM the Administrator was interviewed regarding Resident #1, he stated "Resident #1 had been living here since . . . . . 2017." The administrator reported I think Resident #1 might have come here from a local hospital. The family came to me directly. They first wanted an ALF. Resident #1 said he did not want to be in an ALF. He didn't want to spend that type of money. He did not want to be locked down. He want to have his freedom. did not want that environment. He made that specifically clear when he first came here. So there was no involvement with the ALF. And so I told him alright, I have an independent house. The family paid for him. The family paid \$550 a month. They paid with money orders, cash, and checks. When the Administrator was asked, who were the checks and money orders made to, he stated, "My lawyer told me that when it come to the finance stuff, I can't answer that." The Administrator was asked about Resident #1's whereabouts, he stated "I don't know. The family didn't pay and the family was very hard to contact. So I reach out to the family, I even drove by their home. They live here in the city. He reported the family did not pay him or the whole month of . "So we came into . . . and I was trying to contact them and he would tell me like he hadn't seen them in months. And I came to find out they were coming all the time actually. We had a discussion. I was like you know Resident #1, the family has not paid for you. I been trying to reach out. There not paying, I can't keep you here for free. I said like, I can give him like options. You can either go back home with your family. I mean they live in the area. I can link you up that way. I can try to find you a shelter or another options. And Resident #1 said alright he agreed to go to the shelter. Resident #1 got his things. He packed up the car, the car was a transportation service company. The receipt from the care service showed Resident #1 was picked up from from 1603 NW 62 Terrace Miami, FL 3317 and dropped off at Dolphin Expy &amp; NW 14 Street &amp; I-95 Miami, FL. The exact location were Resident #1 was dropped off was not provided.</p> |                                                                                       |                                                     |

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/11/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968250</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>05/02/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CALVINELLE SOUTH ASSISTED LIVING FACILITY INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1750 NW 41 STREET<br/>MIAMI, FL 33142</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                     |
| <p>During a complaint survey at Calvinelle Adult Home ALF (ALF B) on . . . . . Observations on . . . . . at 9:30 AM the facility had two buildings location on the property and a third building located at 1557 NW 62 Terrace Miami, FL. The third property was owned by the Administrator of Calvinelle Adult Home South (ALF A).</p> <p>Record review found the admission and discharge logs from ALF A and B did not have Resident #1 listed as a resident.</p> <p>Review of financial records received from Resident #1's family member showed money orders payments to ALF A on . . . . . , . . . . . , and . . . . . for \$550.00.</p> <p>On . . . . . ALF A provided financial records that showed Resident #1's family provided monthly payments to the licensed facility from . . . . . 2016 to . . . . . 2018.</p> <p>Class II</p> |                                                                                       |                                                     |