STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	**06/08/2018**
NAME OF PROVIDER OR SUPPLIER **FLORIDIAN GARDENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **17250 SW 137 AVENUE MIAMI, FL 33177**	

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

0000 - Initial Comments

A complaint inspection survey (CCR #2018006985) was conducted from to at Floridian Gardens ALF with Limited mental health, Limited Nursing and Extended Congregate Care services (AL 12489). Deficient practice was identified at the time of the inspection:

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on interview and observation, the facility failed to maintain a surety bond where the minimum bond proceeds equaled twice the value of the resident's monthly aggregate income, including any supplemental security income or social security , income plus the Optional State Supplement ( ) payments, including the personal needs allowance. The facility was holding resident funds in amounts totaling $41,326, requiring a surety bond of $82,652.00.

Findings:

A review of the facility's surety bond dated showed that its amount was $30,000.

Documentation provided by the facility showed that they were payee of 25 residents with the social security, and were receiving total incomes in the amount of $ 20,920.00. Dollars.

Documentation provided by the facility showed that they were received funds for 31 residents residents. A review of bank statements showed that on , amount of 20,405.96 Dollars in funds was being held for residents.

On at 2:33 PM, the Administrator provided requested documentation and the name of the corporate financial officer who could clarify why the facility did not have an adequate surety bond. Several attempts to reach the named financial officer by telephone were unsuccessful.

Class III