

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968055	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER NUVISTA LIVING AT WELLINGTON GREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 10334 DEVONSHIRE BLVD WELLINGTON, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring survey was commenced on and concluded on at Nuvista Living at Wellington Green, License #12050. The facility had deficiencies at the time of the survey. Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8) Based on interview and record review, the facility failed to provide proof of their financial ability to operate. As evidence of the facility failure to provide evidence that the rent on the property has been paid and is current; the facility has been unable to maintain a line of credit with their current vendors. The findings included: On at 10:00 AM, an interview was conducted with the Executive Director of the facility. When asked if he could provide a copy of the rental payments made to the leasing agency. He replied, he could not produce those documents because the rent has not been paid in several months. He went on to say that the facility has been experiencing cash flow problems and they are currently in court being sued for non-payment of the rent. He stated he did not know the amount that the rent was in arrears. He stated the amount could possibly be in the million dollar range. On a review of the local newspaper article dated stated the facility was being sued by an investment company which financed the facility. The news article confirmed that the facility had not paid rent on the facility and may be in arrears in excess of \$5 million dollars. The article goes on to state that the facility is in Circuit District Court concerning the matter. On a review of the vendors lists reveal that there are currently seven (7) vendors placed on Cash on Delivery status. These vendors require advance payment prior to delivery of goods and services based on the facility's past payment history. On at 03:00 PM, the Executive Director indicated that he was very sure that the facility would find new investors to lend them the money to turn their financial situation around. He stated although, they are not paying their rent; they are paying all of their daily operating expense. When asked by the Surveyor, what was their plan to avoid eviction. He stated they have perspective investors currently in the facility. He stated this litigation should be over soon. He stated when the news article was released to the public, he had a meeting with the residents and their families and confirmed the cash flow issues and the non-payment of rent. He stated he did have one resident move out of the facility due to the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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uncertainty of the facility's future. A review of the profit and loss statement indicates that the facility is operating off of private pay monthly payments from the residents. The facility currently has 85% occupancy. A review of the profit and loss statement for the period of _____, and _____. The following was revealed: Net income _____ = \$534,664 and total operation expenses = \$1,501,051 = Net income \$13,402. Net income _____ = \$468,832 and total operating expenses = \$1,490,456, Net income = (-\$49,712) Net income _____ = \$385,364 and total operating expenses = \$1,477,700, Net income = (-\$106,489). The monthly facility lease = \$357,750 for the months of _____ and _____. During an interview with the Executive Director on _____, aforementioned was discussed and it was confirmed the facility is having some financial issues. Unclassified		