Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967297	A. BUILDING: _____ B. WING _____	R 01/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VALLEY RETIREMENT HOME, LLC	18140 NW 90 AVENUE MIAMI, FL 33018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Administrator that had a break in service of more than 90 days had a new level II background screening completed prior to beginning work. Finding include:	{CZ814}		

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{CZ814}	Continued From page 1 A review of the facility Background Clearinghouse, it showed that the Administrator was hired on . The employee roster also showed that the administrator last position was at another facility that ended on . On at 11:30 AM, the assistant administrator stated that she did not know that she needed a new background screening because her , were not expired. At 12:00 PM on , arrived at the facility and after knocking on the facility front door multiple times, it was observed that nobody answers the front door. There was no evidence that any residents or staff were in the facility. In an interview with a neighbored that lives across the street (house number 18149) on at approximately 12:10 PM, she stated "I have not seen anybody coming or going". In an interview with a neighbored that lives next to the facility (house number 18130) on at approximately 12:12 PM, he stated "they have not been here for months". Uncorrected Unclassified	{CZ814}		
CZ817	408.810( ) FS; 59A-35.100 FAC Minimum Licensure Requirement - Inform AHCA 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to	CZ817		

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CZ817	Continued From page 2 obtain and maintain a license. (3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of: (a) Information contained in the most recent application for licensure. (b) Required insurance or bonds. (4) Whenever a licensee discontinues operation of a provider: (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled. (b) The licensee shall remain responsible for retaining and appropriately distributing all records within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of or dissolution of a licensee, the estate or agent of the licensee shall: 1. Make arrangements to forward records for each client to one of the following, based upon the client's choice: the client or the client's legal representative, the client's attending physician, or the health care provider where the client currently receives services; or 2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the	CZ817		

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CZ817	Continued From page 3 provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks. 59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility provider failed to inform the agency not less than 30 days prior to the discontinuance of operation. Finding include: At 12:00 PM on . . . . . , arrived at the facility and after knocking on the facility front door multiple times, it was observed that nobody answers the front door. There was no evidence that any residents or staff were in the facility. In an interview with a neighbored that lives across the street on at approximately 12:10 PM, she stated "I have not seen anybody coming or going". In an interview with a neighbored that lives next to the facility on . . . . . at approximately 12:12 PM, he stated "they have not been here for months".	CZ817		

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CZ817	Continued From page 4 Unclassified	CZ817		

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{A 000}	Initial Comments A second revisit to a standard biennial survey was conducted at Garden Valley Retirement Home, LLC on . The facility was found to be closed .	{A 000}		
{A 120} SS=F	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to meet its financial	{A 120}		

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{A 120}	Continued From page 1 [illegible] and put three out of four sample residents (Resident #1, #2, and #4) at risk of homelessness. Finding include: On [illegible] at 10:45 AM, the assistant administrator stated that the facility did not pay the rent because the owner of the facility owned the government money and the federal government had sent her a letter not to pay to the owner because she could go to jail for paying directly to her and then they hired a lawyer and now they pay to a PA Trust. On [illegible] at 3:40 PM, the house's owner stated regarding the facility's new owner, "they have not paid me. I will send you my lawyer's documents". At 4:30 PM, she stated "she had debts and I gave her three months [illegible], and [illegible]. I assumed loses and earnings, the business was stable. She paid me once. I gave her the invoices starting on [illegible] and she said she was not paying rent because of COVID. In [illegible], she started to pay less than what the lease said. In [illegible], stopped payments and I gave her 3 days' notice for months then I got a lawyer". A review of e-mail received from the house's owner showed that the tenants had not paid past due rents (which as a large amount) and the eviction process was underway. A review of records showed that on [illegible], the clerk reflected on the docket that a deposit of $12,800 had been deposited on the Court Registry and not the $39,300 demanded and it had been deposited late. A request for a final judgement of eviction was requested to the court.	{A 120}		

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