

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967693	(X3) DATE SURVEY COMPLETED 08/06/2013
NAME OF PROVIDER OR SUPPLIER Southern Comfort Inn Acr	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 West Ravine Drive Ruskin, FL 33570	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D

Specific Tag Findings:

Assisted Living Facility

A financial monitoring visit was conducted on

The Southern Comfort, assisted living facility, had a deficiency at the time of the visit.

0120-Fiscal - Financial Stability 58A-5.021(1) FAC

Based on observation, interview and record review, the facility failed to maintain adequate financial resources and stability to meet the needs of five of five residents (Residents #1-5).

Findings include:

During a record review conducted at the facility on , the following was noted:

In reviewing the facility's bank statements, there were overdraft/insufficient fund charges on and

There were multiple transactions made at gas stations. There was also a transaction from a payday loan company.

There were also multiple transactions that were crossed out with black marker. These transactions were in amounts ranging from \$204 to \$804.

The facility's electric bill dated / / had a past due balance of \$1135.25.

The statement from Brighthouse for service through had a past due balance of \$250.38.

At 9:50 AM on that same date, the surveyor noted that both the administrator and Employee A used their cell phones when making calls. The surveyor picked up the facility's landline telephone and noted there was no dial tone.

At 10:25 AM on that same date, Employee A stated that two of her paychecks were returned with non-sufficient funds ("bounced") the previous month.

At 11:45 AM on that same date, the administrator stated that her estranged husband still had access to the facility's bank account via a debit card and said the transactions she had crossed out in black marker were made by him and she did not want the surveyor to know where the transactions were made. The administrator also stated that she had not made the facility's lease payment to the owner in approximately three months and also stated that some of the utilities were behind.

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On that same date at 2:10 PM, the surveyor interviewed the owner of the facility. The owner stated that the administrator had not paid the monthly lease payment since 2013. The owner said that on , he found out that the electricity was scheduled to be disconnected and paid the bill that same day. The owner also said that the liability insurance was due to be canceled and he paid that bill as well. The owner said he had also been notified by the previous maintenance person that the administrator was not paying staff on time.

On that same date at 2:40 PM, the surveyor reviewed e-mail correspondence from the facility's insurance provider dated indicating that the check used for payment for liability insurance had been returned twice for non-sufficient funds and that payment needed to be made to avoid cancellation.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Southern Comfort Inn ACR
2409 West Ravine Drive
Ruskin, FL 33570

Dear Administrator:

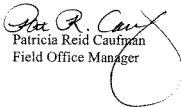
This letter reports the findings of a financial monitoring visit that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

