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
	AL11968482	A. BUILDING: _____ B. WING _____	11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING ANGELS ASSISTED LIVING LLC	9 RAMBLE WAY PALM COAST, FL 32164

(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
A 000	Initial Comments A complaint investigation (complaint investigation #2019011918) was conducted at Loving Angels Assisted Living Facility on . The facility had deficiencies at the time of the survey.	A 000		
A 168	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim	A 168		

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A 168	Continued From page 1 against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. 429.27, FS Property and personal affairs of residents. - (7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's , the funds shall be deposited in the Health Care Trust Fund administered by the	A 168		

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A 168	Continued From page 2 agency. This Statute or Rule is not met as evidenced by: Based on facility document review, staff interview and family interview the facility failed to provide refunds to three residents out of four sampled residents (Residents #1, #2 and #3). The findings include: 1. During a telephone interview with the Owner of the facility at 10:18 am on [redacted], she stated she Resident #1 , [redacted], and her daughter wanted a refund, and had [redacted] it "to the penny." She stated, "I tried to refund as much as I can." The Owner stated her sister was a co-owner of the facility but , [redacted], in [redacted], and she handled the refunds. She stated she had spoken to Resident #1's husband in the past about the refund and he told her he understood that she paid him as much as she could. She thought that it was settled. She confirmed that the facility paid Resident #1's husband $1,000.00 of the refund owed. She stated her son in the administrator of the facility now. During an interview with the administrator on [redacted] at 10:55 am, he stated that regarding Resident #1's refund, his aunt (now [redacted]), the former administrator, paid Resident #1's husband two payments of $500.00 and he told them he was satisfied with that and they did not need to pay him any more of the refund. He confirmed that Resident #1's husband did not tell him that information, it was the Owner. He proceeded to produce two check stubs for $500.00 each. One was dated [redacted] and one was dated [redacted] (Photographic	A 168		

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A 168	Continued From page 3 evidence obtained). He stated that as far as he knew, all the money had been refunded to Resident #1's husband. His aunt was the administrator of this facility at that time and she , so he was not aware of any other arrangements with Resident #1's husband. He had not written any other checks to him. During a telephone interview with Resident #1's spouse on at 11:55 am, he confirmed that his wife, Resident #1 , in the facility on . He stated that at no time did he inform the owner of the facility or her son, the administrator, that he was satisfied with the two payments of $500.00 each (total of $1,000.00) due him for the refund on the rent he had paid for the month of . He stated he felt that they still owed him more money. He confirmed he came and got all of his wife's possessions out of the facility the next day after she . Review of the resident contract for Resident #1 dated revealed the contract was signed by Resident #1's daughter. The base charge per month was $2500.00/month. The daily rate for (28 days) was to be $2500.00 for 28 days, equaling $89.29 per day. There were 16 days remaining in the month when Resident #1's belongings were removed from the facility, on . This to a refund of $1,428.64 owed. $1,000.00 was already paid to Resident #1's husband, but as of the day of the survey, $428.64 was still due. 2. Review of the clinical record for Resident #2 revealed he was admitted to the facility on and was discharged on . The Admission/ Discharge Log entry indicated he	A 168		

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A 168	Continued From page 4 expired (photographic evidence obtained). Review of the resident contract indicated that his base rate was $1950.00/month. The resident contract was signed by his ex-spouse (Photographic evidence obtained). Based on the contract rate of $1950.00, the daily rate for was $62.91. The resident expired with 11 days left in the month. During an interview with the administrator on at 10:55 am, he stated that regarding Resident #2, he was not aware of any refund being provided to the resident's wife. He did not produce any evidence that a refund had been given. 3. Review of the clinical record for Resident #3 revealed she was admitted and discharged on . Review of record revealed a Durable Power of Attorney (DPOA) dated naming her sister as DPOA (Photographic evidence obtained). Her base rate was $1500.00/month. At the time of her discharge the daily rate was 48.39 a day, in . At the time she left there were 8 days remaining in the month. During a telephone interview with Resident #3's sister/DPOA on at 11:55 am, she stated that her sister went to an inpatient hospice center from the facility and at the hospice. She had not heard anything from the facility since her sister was sent to the hospice. During an interview with the administrator on at 12:05 pm, he stated that regarding Resident #3, he was not aware of giving a refund to her sister. He could not produce evidence of paying a refund to Resident #3's DPOA.	A 168		

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A 168	Continued From page 5 Class III	A 168		