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
	AL11911412	A. BUILDING: _____ B. WING _____	11/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL AT COURTYARD PLAZA	15520 NW 2 AVENUE NORTH MIAMI BEACH, FL 33160

(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 #'s 2019013074 & 2019012371) was conducted at Livewell at Courtyard Plaza on , . Deficiencies were identified at the time of the survey.	A 000		
A 168 SS=C	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	A 168		

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A 168	Continued From page 1 is terminated, the facility intends to make a claim 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	A 168		

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A 168	Continued From page 2 the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a refund within 45 days to one out of three sampled residents (Resident # 1). Resident # 1 was originally issued a refund 64 days after he was discharged from the facility and then re-issued a corrected check 40 days after the original check had the incorrect spelling of the resident's name. Findings included: A review of Resident # 1's records revealed a signed contract stating, "total monthly rate of $2,100 per month" and a move - in date of , . . The contract stated, "The first payment is prorated from the date of move-in to the end of , (month) at $70.00". The contract also stated "Refunds will be paid within 45-days of the date of termination". A review of the facility's admission and discharge log showed Resident # 1 was admitted on . . . and discharged on . . A review of the facility's invoices for Resident # 1 showed an invoice dated and a 'Paid' stamp dated . . . . . . The invoice showed the Rent for the Month of , was $464.48 and the residents' insurance was charged $1,200. A review of the invoice history showed the resident's Power of Attorney (POA) paid $900 on . Further review of the facility's invoices for Resident # 1 showed a check dated paid to the resident; however, the name	A 168		

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A 168	Continued From page 3 of the resident was incorrectly spelled. A copy of a second check dated was attached paid to the resident with the correct spelling of the resident's name. Both checks were in the amount of $435.52 which was the remaining balance for the overpayment of $900 that was paid on by Resident # 1's POA. On at 11:50 am, Staff B stated "I remember what happened. I issued the refund on , but she called me saying that his name was incorrect. I corrected his name and sent her the check on . We have a 45-day refund policy. She sent me the check the same day I mailed it. He receives a monthly long-term care (LTC) amount of $1,200". On at 12:21 pm, Resident # 1's POA stated "I received the check with the correct amount of the days [Resident # 1] was not at the facility. I received the first check with the wrong spelling of [Resident # 1's] name sometime in , either the 24th or the 25th, and I had my daughter drop off the check on the 27th of because it was with the wrong name. I received the new check with the correct spelling sometime in the middle of . The facility told me that it would take a while because they would have to send it to their business office. I don't understand why they took so long if my daughter dropped off the original check". On at 12:50 am, Staff B stated "I believe there was stuff still in his room and it was and forth with his POA. The POA called the 28th and the same day I issued the check". Further review of Resident # 1's records showed there was no documentation stating that Resident # 1's belongings were picked up after the 16th of	A 168		

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A 168	Continued From page 4	A 168		

Unclassified