

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966301</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/09/2021</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SUN COAST RETREAT**

**8151 TREELET COURT  
NEW PORT RICHEY, FL 34653**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint investigation (#2021009146) and generator monitoring visit was conducted at Sun Coast Retreat on . Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000               |                                                                                                                          |                          |
| A 123<br>SS=D            | 429.27( ) FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds<br><br>429.27<br>(3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of \$500 and funds of the resident not in excess of \$500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of \$500.<br>(4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the | A 123               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 123                    | <p>Continued From page 1</p> <p>account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident.</p> <p>(5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies.</p> <p>59A-36.013</p> <p>(2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds.</p> | A 123               |                                                                                                                          |                          |

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| A 123                    | <p>Continued From page 2</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the Facility failed to maintain complete and accurate records of all resident funds received and failed to maintain resident funds in a separate bank account preventing co-mingling with facility funds. Additionally, the Facility failed to furnish the resident and his or her guardian, trustee, or conservator, with a complete and verified statement of all resident funds and other property.</p> <p>Findings Included:</p> <p>In a record review conducted on _____ the facility had a policy entitled "Accounting Procedure for Resident Allowance Funds Safe Guarded by Facility" that said each client would have a separate accounting form that included a starting balance and detailed each financial transaction, while also tracking the balance after each transaction.</p> <p>In a record review conducted on _____ there was a binder that contained Resident Allowance Sheets that showed where residents were to sign for a resident-specific amount on the date the funds were to be dispersed by the facility. There were no resident balances on the form and not all resident funds were dispersed to the residents based on the signature logs reviewed for _____, _____, and _____ of 2021.</p> <p>In an attempted record review of the individual resident financials on _____ there was no resident statements or accounting ledgers available.</p> <p>In an interview conducted with the Administrator</p> | A 123               |                                                                                                                          |                          |

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| A 123                                                        | <p>Continued From page 3</p> <p>on ..... at 2:39pm he said there was no separate account and/or separate written accounting available for each resident, and the resident funds were co-mingled with the facility funds. Additionally, he said he was unable to provide a ledger or transactional record of the resident funds. He said resident financial accounting statements were not being sent to residents or guarantors, and he could not provide accounting for the resident funds not collected by the residents on the Resident Allowance Sheets.</p> <p>In an interview conducted with the Administrator on ..... at 4:08pm he confirmed that the policy entitled "Accounting Procedure for Resident Allowance Funds Safe Guarded by Facility" was not being followed.</p> <p>Photographic evidence obtained.</p> <p>Class III</p> | A 123                                                                          |                                                                                                                          |                          |                                                        |