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
	AL11922281	A. BUILDING: _____ B. WING _____	09/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF WESTBROOKE	6701 DAIRY ROAD ZEPHYRHILLS, FL 33542

(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 survey (#2021010227 & #2021012806) in conjunction with a generator monitoring visit was conducted at Gardens of Westbrooke Assisted Living Facility on . Deficiencies were identified at the time of the survey.	A 000		
A 170 SS=D	429.24(3)a Resident Refund Policy ....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. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the Facility failed to provide a resident refund within 45 days of transfer for one (#1) of one resident sampled. Findings Included: A review of Resident #1's record conducted on revealed the following: a. A beneficiary Designation form for Resident #1's designating his wife as the beneficiary of funds dated . (photographic evidence obtained) b. A petty cash check stub for check 001010 dated written in the amount of $160.00 to Resident #1's designated beneficiary.	A 170		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 170	Continued From page 1 (photographic evidence obtained) c. A Residency Agreement signed by the Resident Responsible Party dated . . . . . that stated a refund of any unused advance payments will be given (prorate on daily basis) if the Resident must vacate the residence because of a transfer. Additionally, it says the computed amount will be refunded to the Responsible party listed, or in the event of . . . . , the listed person on the beneficiary designated form. (photographic evidence obtained) A review of the Facility Admission and Discharge Log conducted on revealed Resident #1 was discharged from the facility on . An interview with the Business Office Manager conducted at 12:00pm on . . . . . revealed the resident left the facility on and the $160 refund for the trust account was sent on . She agreed it was late being sent and did not follow their refund policy. A review of the Business Office Manager account files for Resident #1 conducted on revealed the following: a. A copy of the cancelled check (#001010) dated to Resident #1's beneficiary that was endorsed by the beneficiary on . . b. A Transaction History by Resident for Resident #1 that listed a credit for the total activity for period in the amount of $1467.94 for the timeframe of - . (photographic evidence obtained) c. An email from Corporate accounting rep and the Business Office Manager dated at 1:04pm stated "the prorate represents the days	A 170		

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A 170	Continued From page 2 that he has to be credited since he left on the 12th. There is still a credit balance of 1467.94 due to the resident. Please write up the refund request and have your Administrator sign off on it." (photographic evidence obtained) An interview with the Business Office Manager conducted at 1:04pm on revealed that the prorated rent refund check for the dates of - totaling $1467.94 had not be sent and the patient accounting representative at corporate had acknowledged it in an email. She confirmed she would get it approved so it could be sent. An interview with the Administrator conducted on at 1:25pm revealed that she was made aware of the late rent refund and approved it to be sent out that day. She did not dispute that their policy was not followed for both refund checks. Class III	A 170		