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
	AL11968159	A. BUILDING: _____ B. WING _____	11/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HARBOR	9000 86TH AVE N SEMINOLE, FL 33777

(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 Number: 2021012219) was conducted at Safe Harbor Assisted Living Facility on . Deficiencies were identified at the time of survey.	A 000		
A 168 SS=D	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. .... 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 agency. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide notification prior to the disposal of personal property for one (Resident #1) of one sampled. Finding included:	A 168		

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A 168	Continued From page 2 Resident record review conducted on revealed the facility did not have the physician order for Resident #1's hospital bed, did not have information of company providing third party services for the rental of the hospital bed. Resident record review conducted on revealed there was no evidence of facility notifying third party medical equipment company to pick up Resident #1 rented Hospital bed. An interview with medical device company was conducted on at 10:10 a.m., they stated Resident #1's hospital bed was a rental, and the facility was aware of the process for returning medical equipment that was rented. An interview on at 10:39 a.m. with family member of Resident #1, he stated upon picking up personal belongings on , the Administrator was asked for the name of the company that delivered the rented hospital bed for assistance with transferring to other facility. Resident record review conducted on revealed there was no evidence of facility notifying Resident #1 or responsible party of the intent of disposition of the rented hospital bed. An interview conducted on at 10:53 a.m. with the Administrator she stated she did not know when their maintenance company came to pick up Resident #1's rented hospital bed. She also stated that she did not have any documentation of notifying the family about the removal of the bed and she did not know who delivered the bed. An interview on at 4:39 p.m. with	A 168		

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A 168	Continued From page 3 family member of Resident #1, she stated she was waiting to be notified by the facility and followed up to transfer the bed on . . . . She was informed by the facility the bed had been disposed by maintenance company. Class III	A 168		