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
	AL11967466	A. BUILDING: _____ B. WING _____	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GINNY'S PLACE II, LLC	2251 TURTLEMOUND ROAD MELBOURNE, FL 32934

(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 Complaint Investigation #2022013123 and a Generator Monitoring was conducted on . Ginny's Place II, LLC had deficiencies at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, facility documentation review, resident record reviews and interview, the facility failed to provide appropriate supervision and a safe living environment for 4 of 4 sampled residents (#1, 2, 3 & 4). Findings: On at 9:06 AM, a walk around the facility revealed wires hanging out of the fire alarms and fire sprinklers, and holes in ceilings of all the bathrooms where the vent circulation system would be installed. On at 9:15 AM, new construction was	A 025		

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A 025	Continued From page 2 being completed to the facility by 3 construction workers. At that time, all the residents were moved to other licensed Assisted Living Facilities without notifying the Agency for Health Care Administration (AHCA) of the new construction and relocation of the residents. Review of the facility's unsatisfactory Fire Inspection Report, dated ..., revealed failure of the fire protection system. The lease agreement failed to have conditions that the fire inspections could be conducted, and fire protection systems could be tested and managed. The facility did not have fire extinguishers located conspicuously and readily available. The facility did not inform the Fire Marshall when new construction began and stopped. On ..., another unsatisfactory Fire Inspection Report revealed failed compliance concerning installation of fire equipment where personnel must be qualified and supervised by accredited authority, and the facility must have fire alarm permit approval. On at 1:37 PM, an email from the Brevard County Fire Marshall revealed concerns after the failed fire inspections. The facility was put on a Fire Watch, and the residents residing there were not safe. The Brevard County Fire Marshall wrote, "I believe the building is unsafe and should not be occupied until all construction, electrical, and the fire alarm system are properly permitted, inspected and approved by all authorities having jurisdiction." On ... at 9:30 AM, the local Brevard County Fire Department came to the facility, as a , effort with the Brevard County Board of Commissioners for building permits to discuss	A 025		

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A 025	Continued From page 3 with the owners, Administrator, and the facility contractors the fire safety issues and not having approved permits for the new construction at the facility. On , another fire inspection was done and the same violations of fire safety in the facility had not been corrected. The Board of County Commissioners' documentation for permit licensing on revealed four (4) monetary violations #11988, #11989, #11990 and #11991 for not having a permit on the new construction prior to moving residents into the facility, which the licensing regulation and enforcement investigator gave a copy to the AHCA representative during the visit. Photographic evidence was obtained. 1. Resident #1's record revealed an admission date of . The last 1823 Health Assessment, dated , listed diagnoses of history of protein-calorie , and . The resident required assistance with self-administration of medications and supervision was needed with ambulation with a walker. 2. Resident #2's record revealed an admission date of . The last 1823 Health Assessment, dated , listed diagnoses of history of , left side , and . The resident required assistance with self-administration of medications and supervision with bathing and ambulates with a walker.	A 025		

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A 025	Continued From page 4 3. Resident #3's record revealed an admission date . The last 1823 Health Assessment, dated , listed diagnoses of history of , , , type 2 , , , and . The resident ambulates with a wheelchair, needs assistance with self-administration of medications, and needs assistance with all activities of daily living, except supervision with eating. 4. Resident #4's record revealed an admission date . An 1823 Health Assessment was not found in the resident's medical record. The resident ambulates with a wheelchair and required assistance with self-administration of medications. There was no evidence provided that all four residents could remain living at this assisted living facility safely, so they all were relocated to other licensed assisted living facilities on . On at 2:30 PM, an interview with the Administrator confirmed the findings. Class II	A 025		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their	A 055		

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A 055	Continued From page 5 rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling	A 055		

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A 055	Continued From page 6 pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by:	A 055		

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A 055	Continued From page 7 Based on observation, resident record review and interview, the facility failed to centrally store medication in a locked cabinet, locked cart, or other locked storage receptacle at all times for prescription medication and over the counter medications for 1 of 4 sampled residents (#1). Findings: On at 9:27 AM, unsecured medication bubble packs for C 1000 milligrams (mg), , 25 mg, 10mg, D3 125 micrograms (mcg), 50 mg, 220 mg, and 75 mcg were found on top of the medication cart located in the dining room. Photographic evidence was obtained. Resident #1's record revealed an admission date of . . . . . The last 1823 Health Assessment, dated , documented the resident required assistance with self-administration of medications. On at 9:28 AM, an interview with Caregiver A confirmed the findings and stated that she forgot to put the medication in the medication cart after giving resident #1 her medications after her breakfast. On at 10 AM, an interview with the Administrator confirmed the finding. Class III	A 055		
A 152 SS=G	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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A 152	Continued From page 8 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, facility documentation review, resident record review and interview, the facility failed to provide a safe living environment	A 152		

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A 152	Continued From page 9 for 4 of 4 sampled residents by ensuring that all new and existing architectural, mechanical, electrical, and structural systems were working properly and safely as required before the four residents moved into the assisted living facility (#1, 2, 3 & 4). Findings: Upon entering the facility's front door on [redacted] at 9:03 AM, a loud beeping noise sounded toward the right side of the assisted living facility. Posted on the front door was a note which read, "Call Ramage [redacted], alarm has been beeping for a month now". The telephone number to Ramage [redacted], company was listed on the note. Photographic evidence was obtained. On [redacted] at 10:10 AM, the Administrator confirmed that the noise was the motherboard of the [redacted]/sewage tank which was not working properly and needed to be fixed for about a month now. She stated that the neighborhood had been complaining about the alarm beeping in the middle of the night, all night long. On [redacted] at 9:06 AM, wires were hanging out of the fire alarms and fire sprinklers and holes in ceilings of all the bathrooms where the vent circulation system would be installed. Prior to this visit on [redacted] at 9:15 AM, observation of new construction was being completed to the facility by 3 construction workers. At that time, all the residents were moved to other licensed Assisted Living Facilities without notifying the Agency for Health Care Administration (AHCA) of the new construction and relocation of the residents.	A 152		

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A 152	Continued From page 10 Review of the facility's unsatisfactory Fire Inspection Report, dated , revealed violations of failure of fire protection system. The lease agreement failed to have conditions that the fire inspections could be conducted, fire protection systems could be tested and managed. There was non-compliance with fire extinguishers located conspicuously and readily available. The Fire Marshall was not notified when new construction began and stopped. On , another unsatisfactory Fire Inspection Report contained an additional violation that installation of fire equipment by unqualified and unsupervised personnel by accredited authority, and with a fire alarm permit approval. On .. .. at 1:37 PM, an email from the Brevard County Fire Marshall reported after the failed fire inspections and facility being put on a fire watch, that the residents residing there were not safe. He wrote, "I believe the building is unsafe and should not be occupied until all construction, electrical, and the fire alarm system are properly permitted, inspected and approved by all authorities having jurisdiction." On .. .. at 9:30 AM, the local Brevard County Fire Department came to the facility, as a , visit the Brevard County Board of Commissioners for building permits to discuss with the owners, Administrator, and the facility contractors the violations of the fire safety issues and lack of permits approved for the new construction at the facility. On in conjunction, another fire inspection issued with violations of fire safety in the facility that had not been corrected. In	A 152		

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A 152	Continued From page 11 addition, attached documentation reviewed by Cintas authorized fire protection company rescinded agreement on . . . . . (4 months ago) with the facility's contractors. Photographic evidence was obtained. There were four residents living in the facility on , the day of the , visit. The residents were re-located that day to other licensed assisted living facilities in the area due to the Fire Marshal stating the facility was not safe for the resident to be there. On at 2:30 PM, an interview with the Administrator confirmed the findings. Class II	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from	A 160		

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A 160	Continued From page 12 which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [illegible]'s [illegible] or related [illegible], a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.	A 160		

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A 160	Continued From page 13 (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, facility documentation review and interview, the facility failed to obtain a satisfactory fire safety inspection report by the local authority, or the State Fire Marshal as required. Findings:	A 160		

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	AL11967466	A. BUILDING: _____ B. WING _____	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GINNY'S PLACE II, LLC	2251 TURTLEMOUND ROAD MELBOURNE, FL 32934

(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 160	Continued From page 14 Upon entering the facility's front door on at 9:03 AM, a loud beeping noise was going off toward the right side of the assisted living facility. Posted on the front door a note read, "Call Ramage . . , . . , alarm has been beeping for a month now". A telephone number to Ramage . . , company was on the note. Photographic evidence was obtained. On at 10:10 AM, the Administrator confirmed that the noise was the motherboard of the . . /sewage tank which was not working properly and needed to be fixed for about a month now. Furthermore, she stated that the neighborhood had been complaining about the alarm beeping in the middle of the night, all night long. On . . . . . at 9:06 AM, wires were hanging out of the fire alarms and fire sprinklers and holes in ceilings of all the bathrooms where the vent circulation system would be installed. On at 9:15 AM, new construction was being completed to the facility by 3 construction workers. At that time, all the residents were moved to other licensed Assisted Living Facilities without notifying the Agency for Health Care Administration (AHCA) of the new construction and relocation of the residents. Review of the facility's unsatisfactory Fire Inspection Report, dated . . . . . , contained violations of failure of fire protection system. The lease agreement failed to have conditions that the fire inspections could be conducted, and fire protection systems could be tested and managed. Fire extinguishers were not located conspicuously and readily available. The Fire Marshall was not notified when new construction began and	A 160		

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A 160	Continued From page 15 stopped. On . . . . . , another unsatisfactory Fire Inspection Report contained an additional violation: installation of fire equipment personnel was not qualified and supervised by accredited authority and fire alarm permit approval. On . . . . . at 1:37 PM, an email from the Brevard County Fire Marshall noted that after the failed fire inspections, the facility was put on a Fire Watch, that the residents residing there were not safe. He wrote, "I believe the building is unsafe and should not be occupied until all construction, electrical, and the fire alarm system are properly permitted, inspected and approved by all authorities having jurisdiction." On . . . . . at 9:30 AM, the local Brevard County Fire Department came to the facility, as a , visit the Brevard County Board of Commissioners for building permits to discuss with the owners, Administrator, and the facility contractors the violations of the fire safety issues, and no permits approved for the new construction at the facility. On another Fire Inspection issued violations of fire safety in the facility that had not been corrected. Documentation by Cintas authorized fire protection company rescinded the agreement four months ago on with the facility's contractors. Photographic evidence was obtained. On at 11:30 AM, an interview with the Administrator confirmed the findings. Class III	A 160		

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GINNY'S PLACE II, LLC	2251 TURTLEMOUND ROAD MELBOURNE, FL 32934

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A 167	Continued From page 16	A 167		
A 167 SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or [illegible] of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or [illegible] facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition	A 167		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GINNY'S PLACE II, LLC	2251 TURTLEMOUND ROAD MELBOURNE, FL 32934

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A 167	Continued From page 17 prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, ... (2) The resident, or the resident's representative,	A 167		

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A 167	Continued From page 18 must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 167	Continued From page 19 service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or [illegible]. (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or [illegible] facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a	A 167		

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A 167	Continued From page 20 refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by:	A 167		

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A 167	Continued From page 21 Based on observation, resident record reviews and interview, the facility failed to obtain the correct facility named and agency licensed contract agreement executed and signed by 2 of 4 sampled residents (#1 & 2) or legal representative as required. Findings: On at 7:10 AM, the Agency for Health Care Administration's (AHCA) website listed the address of 2251 Turtle Mound Road, Melbourne Florida 32934 licensed #11473 for Ginny's Place II, LLC. Assisted Living Facility until . 1. Resident #1's record revealed an admission date of . The executed and signed contract agreement dated was for a facility called Salus at Lake Washington, LLC. address 2251 Turtle Mound Road, Melbourne Florida 32934. This was the same address for the agency's licensed assisted living facility Ginny's Place II, LLC. 2. Resident #2's record revealed an admission date of . The executed and signed contract agreement dated was for a facility called Salus at Lake Washington, LLC. address 2251 Turtle Mound Road, Melbourne Florida 32934. This was the same address for the agency's licensed assisted living facility Ginny's Place II, LLC. Photographic evidence was obtained. 3. Resident #3 and resident #4 did not have any executed and signed contract agreements available at the time of the visit on . There was no evidence that Ginny's Place II, LLC. assisted living facility changed its name to	A 167		

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A 167	Continued From page 22 Salus at Lake Washington LLC and reported to AHCA. On at 12:45 PM, the Administrator confirmed that she changed the contract agreement name to Salus at Lake Washington LLC because Ginny's Place II, LLC was doing business as Salus at Lake Washington LLC. Class III	A 167		