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
	AL11969444	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA AT PARKSQUARE (THE)	2940 NE 207 STREET AVENTURA, FL 33180

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A 000	Initial Comments A Complaint Investigation (complaints numbered 2022012719, 2022012020, 2022012452, 2022012957, and 202201294) was conducted on [redacted] through [redacted] at Plaza at Parksquare. Deficiencies were identified at the time of the investigation.	A 000		
A 030 SS=I	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted] Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- [redacted] or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 3	A 030		

facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030		

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to protect 20 out of the 91 sampled residents from , practices. Residents were charged additional fees for activities of daily living services identified under the facility's licensure. (Resident #19, #20, #22, #28, #33, #40, #45, #46, #47, #52, #54, #64, #70, #71, #86, #90, #101, #102, #107, #113).	A 030		

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A 030	Continued From page 6 Findings include: A review of the facility's resident agreement showed that "for an additional charge, additional services will be provided through the Supportive Care Program (also called the level of care). The Supportive Care Program is designed for residents requiring additional assistance above those provided in the basic plan and will be offered when management determines that the provision of such services is in the best interest of the resident. The program included assistance with bathing up to four times a week, assistance with care, laundry and bed linen changing up to two times a week, support transfers requiring the assistance of one or more staff members, assistance with , and grooming daily, assistance getting to and from meals and activities daily and assistance with challenging behavior." During an interview on at 2:00 PM, when asked how the facility knows the rate to charge residents, Staff AH, Director of Marketing, stated, "There is a range. When the people come, the families tell me what they want, and I write down the fee on the brochure and give it to them. Some people are shy, and they want more support. The $1200 level of care is if they want extra housekeeping, bathing, or to be escorted to all the activities. Our basic package is two baths a week. It's not for residents who soil themselves; it's for the people who shower for an hour or someone that likes to be pampered. But if a resident is always soiling a chair, then the resident should be charged more." On at 2:10 PM, when asked how the determination is made if a resident needs a level of care, Staff AH, Director of Marketing, stated, "I	A 030		

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A 030	Continued From page 7 don't know how you would know. The nursing staff makes an assessment." When asked for documentation of the assessments for the residents paying for the level of care services, Staff AH stated, "We don't write it down." In an interview on . . . . . at 2:09 PM, Staff G, CNA (Certified Nursing Assistant), stated, "there is no communication between administration and staff to tell what residents received the 'level of care services.' We had to look at the residents to see what type of care they needed in terms of bathing, using the bathroom and walking. They never told us who needed what services. There was no such list that I knew of from the manager." On at 2:27 PM, Staff Y, Medication Technician, stated, "I don't know anything about the level of care services or basic services." On at 9:26 AM, Staff L, CNA, stated, "I am not aware of the residents who received basic services. I think there was something written down on the 2nd floor." During an interview on at 10:58 AM, when asked how housekeeping staff how which residents get additional cleaning or laundry services, Staff J, Housekeeping Supervisor, stated, "I don't know the level of care. I clean the rooms." In an interview on at 12:12 PM, when asked if staff were aware of which residents were paying for the level of care services, Staff AG, Director of Nursing, stated, "Yes, the staff know the residents and know who gets the care. There is a list of residents who received the level of services. We give it to the CNAs and discuss it in	A 030		

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A 030	Continued From page 8 the meetings. I don't know if the charges for the level of care stopped." A review of the facility's records showed no documentation of a list provided to staff of what residents needed level of care services. On at 12:15 PM, the facility provided no documentation when asked to submit the list given to the staff of what residents needed level of care services. In a prior interview with Staff AC, Acting Administrator (Director of Operations) on at 12:08 PM, he stated, "Supportive care was meant for people that needed help with , extra showers up to 4x a week, and laundry services twice a week vs 1x a week they paid the $1200. The direction that we are heading in, I will be eliminating this program, and we will be strictly all-inclusive. The residents will no longer be paying the $1200 extra, and all of the residents will be credited. We will be implementing this today, and it will be effective . I will adjust the standard all-inclusive service document to describe the care the residents will receive." A review of the resident's financial records showed nine out of 20 residents were credited in for the supportive care/ level of care charge. There was no documentation of the residents being credited for the past months. In an interview on at 12:54 PM, when asked why only nine residents were credited for the level of care charges, the Administrator stated, "I am in the process of crediting the other residents, but I have not spoken to their families yet."	A 030		

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A 030	Continued From page 9 A review of the facility's financial records dated [redacted] showed 20 residents were charged an additional $1200 for "care fees". A review of Resident #20's payment records dated 08/022 showed monthly rent amount of $8,000. A review of Resident #20's health assessment dated [redacted] showed medical history and diagnoses of 91 degree left [redacted], fixation, [redacted] two degrees to non-displaced [redacted], and [redacted] Prostatic Hyperplasia. The resident needed supervision with eating and grooming and assistance with ambulation, bathing, [redacted], toileting, transferring and self-administration of medication. A review of Resident #22's payment records dated 08/022 showed a monthly rent amount of $5,500. A review of Resident #22's health assessment dated [redacted] showed medical history and diagnoses of [redacted], and sleep [redacted]. The resident needed was independent with ambulation, eating, toileting, and transferring and needed assistance with bathing, [redacted], grooming and self-administration of medication. A review of Resident #28's payment records dated 08/022 showed monthly rent amount of $6,000. A review of Resident #28's health assessment	A 030		

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A 030	Continued From page 10 dated [illegible] showed medical history and diagnoses of mild [illegible], mild [illegible], left [illegible], low grade lymphoma, and [illegible]. The resident needed was independent with, eating, and needed supervision with ambulation, grooming, toileting and assistance with bathing, [illegible], transferring and self-administration of medication. A review of Resident #40's payment records dated 08/022 showed a monthly rent amount of $5,280. A review of Resident #40's health assessment dated showed medical history and diagnoses of Asymmetric septal hypertrophy, [illegible], and [illegible]. The resident was independent with ambulation, eating, transferring and needed assistance with bathing, [illegible], grooming, toileting and the self-administration of medication. A review of Resident #45's payment records dated 08/022 showed a monthly rent amount of $6,000. A review of Resident #45's health assessment dated showed medical history and diagnoses of [illegible] prostatic hyperplasia, [illegible] insufficiency, severe [illegible] and [illegible]. The resident needed assistance with ambulation, bathing, [illegible], toileting, transferring and with self-administration of medication.	A 030		

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A 030	Continued From page 11 A review of Resident #46's payment records dated 08/022 showed a monthly rent amount of $5,700. A review of Resident #46's health assessment dated showed the first page which indicated the medical history and diagnoses was missing. The resident needed assistance with ambulation, bathing, , grooming, toileting, transferring and self-administration of medication. A review of Resident #47's payment records dated 08/022 showed a monthly rent amount of $6,400. A review of Resident #47's health assessment dated showed medical history and diagnoses of , , , and . The resident needed supervision with ambulation, bathing, and grooming and needed assistance with , toileting and the self-administration of medication. A review of Resident #52's payment records dated 08/022 showed a monthly rent amount of $5,029. A review of Resident #52's records showed no health assessment in file. A review of Resident #54's payment records dated showed a monthly rent amount of $5,700. Review of Resident #54's health assessment dated showed medical history and diagnoses of , , and . The resident needed supervision with ambulation, bathing, , grooming, toileting and transferring and needed	A 030		

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A 030	Continued From page 12 assistance with the self-administration of medication. A review of Resident #64's payment records dated ..... showed a monthly rent amount of $6,000. A review of Resident #64's health assessment dated ..... showed medical history and diagnoses of , , , hypertensive .. The resident was independent with eating, grooming, toileting, and transferring and needed supervision with bathing and and needed assistance with ambulation and self-administration of medication. A review of Resident #70's payment records dated ..... showed a monthly rent amount of $5,700. A review of Resident #70's health assessment showed it was blank. A review of Resident #71's payment records dated showed a monthly rent amount of $5,200. A review of Resident #71's health assessment dated showed medical history and diagnoses of , , spell, 's , and . The resident needed supervision with ambulation and needed assistance bathing, , eating, grooming, toileting, transferring and the self-administration of medication. A review of Resident #90's payment records	A 030		

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A 030	Continued From page 13 dated showed a monthly rent amount of $6,400. A review of Resident #90's health assessment dated showed medical history and diagnoses of and with internal damage. The resident was independent with transferring and needed assistance with ambulation, bathing, eating, grooming, toileting and self-administration of medication. A review of Resident #101's payment records dated showed monthly rent of $5,200. A review of Resident #101's health assessment dated showed medical history and diagnoses of , pressure sure right with angiopathy , severe protein calorie insufficiency, due to COVID, , and . The resident needed supervision with and needed assistance with ambulation, bathing, eating, grooming, toileting, transferring and the self-administration of medication. A review of Resident #102's payment records dated showed monthly rent of $5,200. A review of Resident #102's health assessment dated showed a medical history and diagnosis of . The resident was independent with , eating, grooming, toileting and needed supervision with ambulation, bathing, transferring and needed assistance with the self-administration of medication.	A 030		

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	AL11969444	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA AT PARKSQUARE (THE)	2940 NE 207 STREET AVENTURA, FL 33180

(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 030	Continued From page 14 A review of Resident #107's payment dated [illegible] showed a monthly amount of $6,700. A review of Resident #107's health assessment dated [illegible] showed medical history and diagnoses of [illegible], and [illegible]. The resident needed supervision with eating and grooming and assistance with ambulation, bathing, [illegible], transferring and required total care with toileting. A review of Resident #113's payment records dated [illegible] showed a monthly amount of $6,000. A review of Resident #113's health assessment dated [illegible] showed medical history and diagnoses of [illegible], and [illegible]. The resident needed supervision with ambulation, [illegible] and transferring, and needed assistance with bathing and self-administration of medication. A review of facility records showed three of the 20 residents paying for the "Supportive Care Program" eloped or have [illegible] with injury. A review of Resident #19's progress notes showed on [illegible], the resident while coming [illegible] from the bathroom unassisted by staff and sustained a large [illegible] to the left arm. A review of Resident #19's payment dated [illegible] showed a monthly amount of $9,150 for him and his wife, Resident #18.	A 030		

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A 030	Continued From page 15 A review of Resident #19's health assessment dated showed medical diagnoses and a history of muscular , prior , sleep , and . The resident needed supervision with ambulation and grooming and assistance with bathing, , toileting, and transferring. The health assessment indicated that the resident needed precautions. A review of Resident #33's progress notes dated showed the resident eloped from the facility and was caught by staff as she stepped in front of a moving car. A review of a second progress note dated showed Resident #33 eloped and was found by staff at a restaurant in the vicinity of the facility. A review of Resident #33's payment dated showed a monthly amount of $6,700. A review of Resident #33's health assessment dated showed a medical history and diagnoses of without behavioral disturbance, , and a history of . The resident was independent with ambulation, eating, toileting, and transferring, and needed supervision with bathing and grooming. The resident was identified as an elopement risk. A review of Resident #86's record showed the resident and her left at the facility. A review of Resident #86's payment dated showed a monthly amount of $5,200.	A 030		

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A 030	Continued From page 16 A review of Resident #86's health assessment dated [redacted] showed medical diagnoses and a history of [redacted]'s [redacted], and [redacted]. The resident was independent with ambulation, eating, self-care (grooming), and transferring, and needed supervision with bathing, [redacted], and toileting. The health assessment indicated that the resident had no precautions. Class II	A 030		
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 [redacted] of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or	A 167		

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A 167	Continued From page 17	A 167		

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 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

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A 167	Continued From page 18 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, 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	A 167		

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A 167	Continued From page 19 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 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	A 167		

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A 167	Continued From page 20 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 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 [illegible] 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	A 167		

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A 167	Continued From page 21 in the event of a resident's [redacted] or relocation due to [redacted] 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: Based on record reviews and interviews, the facility failed to notify three (#3, #4 & #14) out 91 sampled residents of a rent increase as required within 30 days of prior to the adjustment. Findings: Review of the rental agreement showed Resident #2 was admitted on [redacted] and her previous rent was $6,200 and increased to $6,572.00 in [redacted]. There was a notification letter dated [redacted], of the rent increase, but the letter was not signed. Review of the rental agreement showed Resident #3 was admitted on [redacted] and her previous rent was $6,200 and in [redacted] increased to $6,572.00. There was no documentation in file that the resident or the family member received a notification of increase. Review of the rental agreement showed Resident #14 was admitted on [redacted] and was charged $5,2000 initially. Resident #14 was	A 167		

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A 167	Continued From page 22 transferred from [redacted] # [redacted] to [redacted] #[redacted] on [redacted] with rent increasing to $6000.00. There was no notification of resident moving or of a documented increase of rent . Interviewed on [redacted] at 2:33 PM, the sister of Resident #3 stated that she thought her sister's rent (Resident #3) increased to $6000.00 sometime in [redacted]. The sister stated further, "I was livid! I did not receive a notice that it was increased. When I became livid, they sent me a letter." Interviewed on [redacted] at 12:00 PM, Staff AE (Corporate Staff) acknowledged that notification of rent increase letters were provided, but that she 'would have to look for them.' A review of the facility's rent increase policy showed "Management shall have the right to adjust the Monthly Residence Fee provided that written notice of such adjustment shall be given at least thirty (30) days prior to such adjustment." Class III	A 167		