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
	AL11964749	A. BUILDING: _____ B. WING _____	10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO I	355 ALAFAY WOODS BLVD. OVIEDO, FL 32765

(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 #2023012884 was conducted at Savannah Court of Oviedo I on . The facility had deficiencies 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 record review and interview the facility failed to provide a prorated refund based on the daily rate for any unused portion of payment beyond the termination date. Findings: A review of the Facility's Admission Discharge Log revealed Resident #1's Admission date as and Discharge date on . The resident's residency agreement indicated the base monthly rent rate was $4095 and a onetime non-refundable Administrator Fee of $3500. The agreement indicated that the resident or responsible party may terminate this agreement for any reason after providing the Community with a written notice of termination at least thirty (30) calendar days prior to the early	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 termination date. The removal of all personal items from the Apartment, the Community shall have forty-five (45) days to return any prepayments. Review of the facility's detail ledger revealed the resident moved in on [redacted]. Effective [redacted] a credit card one-time payment of $8090 with the breakdown as $4095 rent, $3500 administration fee, and $495 level of care II. A review of the facility's undated Refund Policy #623 states, "The Community shall refund money due to the resident/responsible party within 45 days of discharge. If a resident vacates and prorated rent or deposit is due, a discharge/information from showing the refund is due is to be completed." On [redacted] at 1:30pm The Business Office Manager confirmed Resident #1's family never moved any furniture into the facility. Review of Resident #1 Move Out Form indicates the physical move out date as [redacted] and monthly resident fee days: 1 with no completion of the prorated charges or credits. The breakdown for the residents' care charge and rent refund is: The daily rate of $136.50 x 29 days ( ) = $3958.50 The monthly rate for level of Care II = $495 Total due to resident #1 = $4453.50 On [redacted] at 1:30pm The Business Office Manager stated the resident was refunded $4317	A 170		

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A 170	Continued From page 2 as she was charged for 1 day for the room. Review of the detail ledger revealed on check #176288 for $4317 to resident #1's responsible party. On at 2:00pm The Business Office Manager stated I have called the accounting department, and I am waiting for a call to clarify the figures and how the refund amount was determined. On at 2:00pm The Business Office Manager stated we do not prorate, and it's not listed in the resident's agreement. The Agreement end date is the end of the month the notice is given. On at 2:30pm The Business Office Manager stated the home office states Resident #1 was billed for 2 days as the contract was signed on and therefore the resident had possession of the apartment until . On at 2:30pm The Business Office Manager reviewed and confirmed her completion of the move out form which stated 1 day for monthly resident fee. On at 2:40pm Review of the documentation revealed the facility owes the resident a refund of $136.50. On at 2:40pm The Business Office Manager and Resident Care Coordinator confirmed the findings. Class III	A 170		