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
	AL11953318	A. BUILDING: _____ B. WING _____	R-C 12/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEANETTE BOSTON ALF	6916 N. 30TH STREET TAMPA, FL 33610

(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 fifth revisit to complaint investigation (complaint number: 2023001036 and 2023002825) and a generator monitoring was conducted at Jeanette Boston ALF on . Deficiencies were identified at the time of 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 refund within 45-days of transfer for one former Resident (#1) of one sampled resident that discharged from the facility to a facility that provided a higher level of care. Findings Included: A review of , , , and surveys, conducted on , revealed that former Resident #1 was discharged from the facility to a facility that provided a higher level of care. The facility continued to receive former Resident #1's social security income funds from through . The facility did not provide former Resident #1 with a refund of the social security	{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 income funds that they received during that time. The facility continued to owe a balance of $5621.70 to the social security agency or to former Resident #1. During an attempt to review payments made to the social security agency or to Resident #1, conducted on , there was no evidence of payments provided to former Resident #1 or the social security agency. The Fiscal Agent provided a photocopy of an uncashed check made out to the social security agency in the amount of $300.00 for Resident #1 "Conserve Funds" with the resident's social security number noted in that section. There was no evidence that the check had been sent and cashed. There were no receipts of payments provided. A review of a letter dated . . . . . , conducted on , the letter noted that the facility agreed to pay the conservation funds of Resident #1. There was no signature of the social security agency representative that agreed for the payments. There was no payment plan arrangement. The balance due was not noted, and unable to determine if the letter referred to the correct amount owed. During an interview with the Fiscal Agent, conducted on at 12:49pm, the Fiscal Agent agreed that the letter did not include the total amount owed and the payments that have been made and/or arranged. The Fiscal Agent was unable to provide the original letter. The Fiscal Agent was unable to provide receipts for payments made. During an interview with the Administrator, conducted on at 01:09pm, the Administrator stated that the facility made	{A 170}		

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{A 170}	Continued From page 2 payments in the amount of $600 to $700 to the social security agency for the amount owed for Resident #1. The Administrator was unable to provide any receipts of payments toward the amount owed to the social security agency or to Resident #1. The Administrator was unable to provide the original letter from the social security agency. The Administrator agreed that the letter did not provide any information regarding the payment arrangement made and balance due for Resident #1. The Administrator stated that the facility would be paying the amount owed in full by the end of the year. Class III	{A 170}		