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
	AL11967140	A. BUILDING: _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L & L SENIOR CARE, INC	1136 PARTRIDGE AVE MIAMI SPRINGS, FL 33166

(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 survey for complaint # 2024000377 was conducted from . . . . . through at L and L Senior Care, Inc. A deficiency was found 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 refund to the Resident or responsible party a a refund within 45 days after the discharge of the Resident. Resident 1 was discharged from the facility on and a refund was not provided to the Resident's responsible party until . Findings included: A review of the facility's admission and discharge log showed that Resident 1 was admitted to the facility on and was discharged on . . . . . . Interviewed . . . . . at 9:39 AM Resident #1's grandson, stated, "She [The Administrator] told us that we could not get the money . . . because she had a contract with AHA that protects her	A 170		

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A 170	Continued From page 1 business. She [Resident 1] paid with Social Security and Medicaid, with Long Term Care." A review of Resident 1's Resident Agreement dated . . . . . showed a monthly rate of $3,325.00 with the Resident's health insurance paying $1,900.00 and the Resident paying $1,425.00. Further review of Resident 1's Resident Agreement showed, "Refunds for unused days, when applicable, will be prorated based on the Daily Rate for any unused portion of Room and Board payment beyond Final Date of Residency." Further review of Resident 1's Agreement showed, "The refund period is 45 days. It begins on the final date of Termination of Residency. All refunds will be given no later than 45 days following the Final Date of Termination of Residency. Interviewed on . . . . . at approximately 7:50 AM Staff B stated, "The daughter called when she was in the hospital to say that she was going to a rehabilitation facility; her son picked up her things on a Sunday." Interviewed on . . . . . at approximately 11:00 AM the Administrator stated, "She never returned from the hospital. Her son called me when she was in the hospital to tell me she was not coming . . . ." Interviewed on . . . . . at 10:13 AM the Administrator stated that the facility would issue the refund to Resident 1 immediately. Class III	A 170		