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
	AL11911459	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELANCE AT SARASOTA	3260 LAKE POINTE BLVD SARASOTA, FL 34231

(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 An unannounced complaint survey for #2024012531 and #2024014310 was conducted on , at Elance at Sarasota, an assisted living facility in Sarasota, Florida. Complaint # 2024012531 was substantiated at A0170. Complaint # 2024014310 was not substantiated. The following is a description of the deficiencies. .	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 interview, and record review, the facility failed to issue refunds within 45 days of discharge for 2 residents (#1 and #4) of 4 reviewed for refund dispersal. The findings included: Review of the Financial Services Move Out Form submitted by the facility for Resident #1 revealed a physical and financial move out date of , whereby keys, and pendants were returned to the facility. The reason listed for the move-out was	A 170		

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A 170	Continued From page 1 Resident #1 had expired. The Resident Census form documented the move out date of . Review of Resident #1's Detail Ledger revealed the facility issued a refund check for $3,247.10 on , 62 days after the discharge. The refund was past 45 days. On at 11:45 a.m., Resident #1's father said the facility was very slow in issuing the refund. He said there was very little communication from the facility, and he did not know if or when they would issue the refund. Review of the Financial Services Move Out Form submitted by the facility for Resident #4 revealed the form was completed on . The keys were returned on and the pendant was returned on . The Resident Census form documented the move out . The facility issued the refund check for $1,587.18 on , 72 days after discharge. The refund was issued past 45 days. On at 4:43 p.m., the Executive Director said he was aware a few of the refunds were issued past the 45-day requirement by the previous company. The Executive Director acknowledged Resident #1 and #4 had their refunds issued past the 45-day requirement. Class III .	A 170		