

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965169	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER WICKSHIRE PORT ST LUCIE			STREET ADDRESS, CITY, STATE, ZIP CODE 9825 S. U.S. HIGHWAY 1 PORT SAINT LUCIE, FL 34953		
(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 Relicensure, Complaint (#2025004899, #2025004909 & #2025002762), and a Generator Monitoring survey were conducted on _____ at Wickshire Port St. Lucie. The facility had a deficiency related to Complaint #2025004909 identified at the time of the visit.	A 000			
A 168	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of _____ or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be	A 168			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 168	Continued From page 1 required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. 429.27, FS Property and personal affairs of residents. - (7) In the event of the _____ of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the _____ resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's _____, the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule _____ is not met as evidenced by: Based on record review and an interview, the facility failed to ensure the refund policy and procedure was followed for 1 out of 1 sampled residents (Resident #10).	A 168			

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A 168	Continued From page 2 The findings included: Review of the accounting for Resident #10's funds provided to the facility and returned upon discharge revealed the resident was refunded an erroneous amount within the required 45 days from the date of termination of the contract. This error caused the facility to refund an additional adjustment amount that was provided after the 45 day requirement. The resident gave a 30 day notice to terminate the contract and residency at the facility on or about . It was not documented what date the facility received the notice. The facility noted the "move out" date for financial reasons was , 30 days following the resident's physical move out date of . According to these , the resident was due a refund by (45 days later). The first refund was disbursed and received on . The resident's representative disputed the amount, and a second refund was distributed on or about . Class III	A 168		