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
	AL11965695	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR PLACE AT PORT ST LUCIE,	3700 SE JENNINGS ROAD FORT PIERCE, FL 34952

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A 000	Initial Comments An unannounced Abbreviated Relicensure, Complaint (#2024015378 and #2025008740) and Generator Monitoring survey was conducted at Harbor Place at Port St Lucie, (The) on . The provider had deficiencies related to the relicensure and complaint the at the time of the visit.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,	A 010		

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A 010	Continued From page 3	A 010		

2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.
(c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.
(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.

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A 010	Continued From page 4	A 010		

(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and an interview, the facility failed to ensure a new health assessments (AHCA Form 1823) was completed after a signficant change, as part of the continued residency criteria, for 1 out of 1 sampled residents (Residents #5).

The findings included:

1) The health assessment for Resident #5 dated was last assessment located in the resident's record during review on . Since then, the resident was admitted to hospice on , and was identified with a new pressure injury on . Both events qualified as signficant changes, and were not accompanied by new health assessments for this resident.

AHCA Form 1823 assessments must be completed every 3 years after the initial assessment, or after a significant change, whichever comes first. The Administrator and Resident Care Director (RCD) were notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time.
2) Resident #9 was admitted to the facility on Resident moved into the ALF on . On , a second health assessment (AHCA Form 1823) was completed which documented the following diagnoses: , , intercostal , lymphedema,

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A 010	Continued From page 5 hypermagnesemia, , , , , and . It was documented that the resident was alert and oriented, dependent on assistive devices, and on and safety precautions. Assistance was needed for Bathing, , Toileting, and Transferring; Supervision was needed for ambulation, and the Resident was independent with eating and grooming. Per resident record review, Resident #9 was admitted to Hospice with a diagnosis of atherosclerotic on ; however, no documentation could be found in the resident's record which showed that a new health assessment (AHCA Form 1823) had been completed for Resident #9 after this significant change (admission to Hospice). The only other AHCA Form 1823 found after the assessment was dated . This assessment was completed after Resident #9 and sustained a to her area. At this time, the AHCA Form 1823 documented that Resident #9 was diagnosed with , and she was alert and oriented x 2. According to the assessment, Resident #9 required total assistance with ambulation, bathing, , toileting and transfers; and she required assistance with eating and grooming. It was documented that the Resident was bedridden at this time. Resident #9 passed on . On at 2:50 PM, the Administrator, Regional Resident Care Director and Resident Care Director were informed of the missing health assessment that should have been completed after Resident #9's significant change/Hospice admission on . They agreed that a new AHCA Form 1823 should have been completed after the Hospice admission.	A 010		

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A 010	Continued From page 6 Class III	A 010		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure adequate assistance or supervision with activities of daily living (ADLs) was provided for 2 out 2 sampled residents (Resident #3 and #5). The findings included: 1) Resident #3 stated during interview on at 10:05 AM that she had a recent a "few weeks ago" and that she waited a "very long time" for someone to assist her. She stated that the call bell is not answered timely, and that sometimes "it takes 2 hours to get help". She voiced that she is not able to get to the toilet to urinate timely, so she must use supplies and experience with eventual hygiene assistance received from staff. She stated she reported this to a female staff member on the first floor, but she did not know who it was, and no response was received. Review of the Grievance Log showed no grievances filed by the resident in 2025. Review of the 24 hour call bell response report requested	A 028		

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A 028	Continued From page 7 on was not able to be completed as the initial report provided by the Adminstrator did not show the time for staff to respond, and the correct report was not received until at 10:27 AM by email. This report showed four different residents' rooms that the call bell was responded to later than 40 minutes on at 10:03 AM (50 minutes) and at 10:09 AM (40 minutes), and on at 10:09 AM (40 minutes) and at 2:59 PM (51 minutes). 2) Resident #5's last health assessment (AHCA Form 1823) dated notes the resident is a risk, has diagnoses of myelopathy and , cord injury, and requires "assistance" with all ADLs except eating and grooming. Review of the resident's hospice notes revealed the following: a. requires ADL assistance from caregiver at facility b. conitinue to be weaker and in bed most of the day c. limited to x1 (person) using walker with ambulation d. now spending 20+ hours in bed with increased rigidity/stiffness noted to upper/lower extremities e. APRN (Advanced Practice Registered Nurse) notes the resident was observed "lying in bed" and reports "I haven't gotten out of bed in 3 days"; documents the resident is a "2 person (assist) for transfers", "extensive" assistance needed for bed mobility and ambulation (able to take a few steps with assistance), and "AOx3 (alert and oriented to person, place and time)" for cognition The hospice Registered Nurse (RN) stated during interview on at 11:00 AM that they would	A 028		

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A 028	Continued From page 8 provide a if the facility wanted this to assist staff with getting the resident out of bed, but that this had not been requested. During interview with the resident on at 12:00 PM, he stated that he "had not been assisted out of bed all spring and summer because the med tech and other ladies can't handle it by themselves and tell me it's not safe. I'm getting weaker and weaker". He stated that he had not , but had slid off of the bed because the "blue pads (disposable chucks)" on the bed slide off with him on it. He stated a male caregiver assisted him out of bed earlier this week and today, about "15 minutes ago" (at 11:45 AM). Review of the weekly staff assignment sheets show a male caregiver was assigned to assist the resident with his ADLs on and , while female caregivers were assigned the other dates during the 7:00 AM to 3:00 PM shift. Staff E (one of the female caregivers assigned to the resident) stated during interview on at 12:30 PM that she did not get the resident out of bed once when he refused "about 2 weeks ago", but had not reported this to the nurse or med tech. Review of the resident's Progress Notes show no refusals of getting out of bed or assistance with transfers. Additionally, there were 2 noted on and when the resident was trying to get out of bed. Review of the Service Plan Report shows under Managed Risk that as of , "hospice to place chucks under draw sheet until cloth chucks can be provided". Hospice staff are only at the facility approximately 3 days a week. The disposable chucks were still being used on top of the sheets as observed on at 12:00 PM.	A 028		

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A 028	Continued From page 9 There was no documentation available to show that either of the residents' ability to call for assistance by using the call bell was hindered by the call bell operation, response time or access if applicable. It is unknown at this time why Resident #5 was not assisted out of bed daily, or if there was any review of the call bell use and response for Resident #3. The Administrator and Resident Services Director were notified of these findings on at 3:00 PM. The facility provided no additional information for review at the time of the survey. Class III	A 028		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in	A 030		

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full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.

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A 030	Continued From page 11 (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other	A 030		

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A 030	Continued From page 12 similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is	A 030		

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A 030	Continued From page 13 harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where	A 030		

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	AL11965695	A. BUILDING: _____ B. WING _____	08/28/2025

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A 030	Continued From page 14 complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by:	A 030		

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A 030	Continued From page 15 Based on interviews and record review, it was determined that the facility failed to implement their Grievance procedure for receiving and responding to resident complaints, and to allow residents to recommend changes to facility policies and procedures for 3 of 3 sampled residents (Resident #3, #5 and #6). The findings included: During review of the facility's Grievance policy and procedure on , the following steps were noted: It is the policy of the (community) to insure residents have an effective means by which they can express grievances and receive resolution. The following procedure is designed to help address issues and concern in the most efficient manner possible. a. Resident or families should communicate concerns preferably in writing to General Manager (GM) or report to front desk who will enter the concern in the Grievance Log. b. GM will personally speak to resident or family member who is expressing complaint or concern as well as document a narrative report with resolution. c. GM will investigate complaint within 24 hours and report to resident/family member with resolution or extend time of investigation as needed. d. If a resident feels that his/her issue has not been satisfactorily resolved, he/she may make a formal complaint to the GM, in writing, describing the concern and the action he/she wishes to be	A 030		

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taken.

e. The resident will receive a written response within 5 working days, explaining how the complain will be resolved.

The Administrator provided the Grievance Log and documentation of any grievances investigated in 2024 and 2025. There was one recorded grievance in 2025, and three recorded in 2024.

1) Resident #3 stated during interview on at 10:05 AM that she had a recent a "few weeks ago" and that she waited a "very long time" for someone to assist her. She stated that the call bell is not answered timely, and that sometimes "it takes 2 hours to get help". She voiced that she is not able to get to the toilet to urinate timely without assistance, so she must use supplies and experience with eventual hygiene assistance received from staff. She stated she reported this to a female staff member on the first floor, but she did not know who it was, and no response was received.

Review of the Grievance Log showed no grievances filed by the resident in 2024 or 2025. Review of the 24 hour call bell response report on was not able to be completed as the initial report provided by the Administrator after requested on did not show the time for staff to respond, and the correct report was not received until at 10:27 AM by email.

2) Resident #5's last health assessment (AHCA Form 1823) dated notes the resident is a risk, has diagnoses of myelopathy and , cord injury, and requires "assistance"

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A 030	Continued From page 17 with all ADLs except eating and grooming. Review of the resident's hospice notes revealed the following: a. requires ADLs (activities of daily living) assistance from caregiver at facility b. continue to be weaker and in bed most of the day c. limited to x1 (person) using walker with ambulation d. now spending 20+ hours in bed with increased rigidity/stiffness noted to upper/lower extremities e. APRN (Advanced Practice Registered Nurse) notes the resident was observed "lying in bed" and reports "I haven't gotten out of bed in 3 days"; documents the resident is a "2 person (assist) for transfers", "extensive" assistance needed for bed mobility and ambulation (able to take a few steps with assistance), and "AOx3 (alert and oriented to person, place and time)" for cognition During interview with the resident on at 12:00 PM, he stated that he "had not been assisted out of bed all spring and summer because the med tech and other ladies can't handle it by themselves and tell me it's not safe. I'm getting weaker and weaker". He stated that he had not , but had slid off of the bed because the "blue pads (disposable chucks)" on the bed slide off with him on it. He stated a male caregiver assisted him out of bed earlier this week and today, about "15 minutes ago" (at 11:45 AM). During interview with the resident's representative on at 10:58 AM, he stated that the staff don't assist the resident with ADLs as needed, and that this has been discussed with the Administrator. He stated that the resident was given a 45 Day Notice to vacate	A 030		

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A 030	Continued From page 18	A 030		

the facility after the concerns were discussed, but that the termination was waived.

Review of the weekly staff assignment sheets show a male caregiver was assigned to assist the resident with his ADLs on and , while female caregivers were assigned the other dates during the 7:00 AM to 3:00 PM shift. Staff E (one of the female caregivers assigned to the resident) stated during interview on at 12:30 PM that she did not get the resident out of bed once when he refused "about 2 weeks ago", but had not reported this to the nurse or med tech. Review of the resident's Progress Notes show no refusals of getting out of bed or assistance with transfers. Additionally, there were 2 noted on and when the resident was trying to get out of bed. Review of the Service Plan Report shows under Managed Risk that as of , "hospice to place chucks under draw sheet until cloth chucks can be provided". Hospice staff are only at the facility approximately 3 days a week, so the disposable chucks were still being used on top of the sheets by the facility staff as observed on at 12:00 PM.

3) Resident #6's representative emailed the Administrator and the previous Resident Care Director (RCD) about the following concerns:

a. 12:50 PM "We have a meeting scheduled for Tuesday afternoon, however, I would like to bring it to your attention that she (Resident #6) is not being showered as indicated/scheduled". A Progress Note dated shows the resident "requested to meet with this writer (LPN/Licensed Practical Nurse). Discussed LOC (level of care) including showers. Resident has showers scheduled with hospice

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A 030	Continued From page 19 Monday and Thursday...and community assist showers Tuesday and Saturday" with no additional information. b. 6:20 PM "The , was ordered yesterday morning, was not given to (resident) last night, nor would have been given to her this evening if I had not called." A Progress Note dated at 8:35 AM indicates the order was received and was "to be given (at bedtime) to be delivered today". Another Progress Note at 12:14 AM indicates the facility is "awaiting delivery". c. 5:53 PM "I am very upset at the lack of care this evening for (resident). She has no way to call for assistance as her call button was taken as it wasn't functioning. She is unable to get to the pull rope easily and then it isn't answered without calling the front desk with the phone and asking for assistance. She was told to ask for assistance with everything but this is NOT being provided to her. I am asking for this situation to be rectified before she again, through no fault of her own." d. 4:36 PM "Once again (resident) is without her call button. What will it take for this to be taken care of? Do I need to contact the corporate office? This will be my next step." A responding email was sent by the previous RCD stating, "All families were notified of status by (Administrator). This is a mechanical issue. Corporate is aware. I am attaching (Administrator) to email. Please do the same in the future. There's nothing more in my power that I can do." The representative then responded, "I was NOT notified. And the original email was addressed to you both." (the emailed concern was addressed to both the RCD and	A 030		

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A 030	Continued From page 20 Administrator. e. 7:22 PM "I would like to schedule a meeting, if possible, tomorrow (Wednesday) afternoon. Would you be available at 2:00? If not, please let me know when this can be arranged, as I am very as to the arrangements for (resident's) care." f. 8:15 AM "I am writing again as the conditions for (resident) are simply unacceptable. The last two mornings I have arrived around 8:00 AM and she is still in bed. No one is around to see to her needs. I have pressed her call button and noone responds. She is not being cared for!" g. 4:37 PM "I have been here most of the afternoon. Noone has been here at all...There is NO care! (Resident) was left in bed. Noone asked for her meal order. We need care!" h. 9:24 AM "Be informed, that for the third morning in a row, (resident) was left in bed, until an outside person came and got her up. This is beyond neglect and is being reported as such." A response was received by the RCD on at 10:16 AM that "(resident) refused to get up this AM with (a caregiver) and myself...she said she wants to stay in bed she can't do anything herself anyway. I am going to talk to hospice as she is way above our capabilities both in the amount of time and dependence of 2 (staff) for safety with care. She needs hospice or skilled nursing as we discussed last night." Private duty care was hired on to feed the resident breakfast Monday through Friday, and provide bathroom and dinner assistance on Tuesdays and Thursdays from 12:00 PM to 5:00 PM. Additional private care was initiated for 12 hours every day on .	A 030		

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A 030	Continued From page 21 i. 10:05 AM "I asked the medication administration person when (resident) had last been administered the , and . She replied that she could find no record of any having been administered. Once again this is another unacceptable practice and an instance of neglect and ." Progress Note dated at 1:47 PM states the resident was placed on "around the clock (ATC)" orders for , and , with an "as needed (PRN)" dose ordered for , every 2 hours. The Order Note in the Progress Notes show 4:41 PM as the time it was received on . There was no documentation available to show that the facility investigated the call bell response times, operation and access for these residents. It is unknown if there was any review of the call bell operation and response for Resident #3, why Resident #5 was not assisted out of bed daily, or if the various concerns for Resident #6 were thoroughly investigated. The Administrator and RCD were notified of these findings on at 3:00 PM. The facility provided no additional information for review at the time of the survey. Class III	A 030		
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	A 168		

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A 168	Continued From page 22 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 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,	A 168		

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A 168	Continued From page 23 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 include the required components of the refund policy and procedure in the residency agreement without additional verbiage that negates the requirement for a prorated refund based on the daily rate to be distributed after the termination date of residency and the residents' belongings are removed, for 2 out of 2 sampled residents (Residents #5 and #10). The findings included: On , the executed contract dated between the facility and the representative for Residents #5 and #10 was reviewed. The contract contained the required wording in the refund policy and procedure under "Refunds" that includes, "A refund of the advance payments for housing, food, and personal services based on the pro-rated daily rate will be	A 168		

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A 168	Continued From page 24 issued if the resident vacates the residence." a. Under "Hospitalization/Medical Reasons", the contract also includes a clause that nullifies the preceding required daily charges proration and states, "If resident must vacate the residence due to relocation for hospitalization, medical reasons that necessitate care outside the scope of services the community is licensed to provide, the community closes, or its ownership is transferred, a refund of the advanced payments for level of care and personal services will be issued based on the prorated daily rate. Resident refunds will be processed within 90 days. This mentions a refund for only "level of care" and "personal services", not "housing". b. Under "Permanent Transfer", the contract also includes a clause that nullifies the preceding required proration and states, "When the residence is vacated due to permanent transfer, resident will be billed the basic monthly services fee for three (3) days after all furniture is removed. Resident refunds of the advance payments for housing, food and personal services will be issued based on the prorated daily rate through the date of the permanent transfer and will be processed within 90 days." c. The "Refunds of Fees In the Event of " paragraph also negates the requirement for the proration refund based on the daily rate as it states, "Resident will be billed the basic monthly services fee for three (3) days after all furniture is removed." The additional clauses that allow charges to continue for 3 days negates the requirement in the regulations that the policy and procedure	A 168		

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A 168	Continued From page 25 ensures the resident is provided "a prorated refund based on the daily rate from the date of or discharge for medical reasons, and after belongings are removed." The refund policy and procedure is also required to include the clause, "Except in the case of or discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract". This states that there is no notice required by the resident when they are discharged for medical reasons or if they expire. Also, the statements that the refund "will be processed within 90 days" does not adhere to the requirement that the refund is provided to the resident or responsible party "within 45 days" after the transfer, discharge, or of the resident as directed in 429.24(3)(a), Florida Statute. 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. The Administrator was notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time. Class III	A 168		