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
	AL11970211	A. BUILDING: _____ B. WING _____	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE BOYNTON BEACH	9776 SOUTH JOG RD BOYNTON BEACH, FL 33437

(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 unannounced Complaint investigation (complaint numbers #2025013697and #2025018357), was conducted at the American House Boynton Beach on . The facility had a deficiency at the time of the survey.	A 000		
A 170	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 conducted interviews, the facility failed to issue a refund in a timely manner for 1 of 1 sampled residents (Resident #1). The findings included: An interview conducted on , , , at 9:20 AM, with Resident #1 ' s Representative confirmed the facility had not issued refunds due to Resident #1 despite multiple attempts to remediate the situation and phone calls to the facility. The Representative reported although Resident #1 never moved into the facility, they were required to issue 30-day notice to the facility which they complied to on the 23rd of . Yet no refund was processed. Instead of a refund, the facility made several attempts to process	A 170		

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A 170	Continued From page 1	A 170		

automatic withdrawal from Resident #1's account and successfully completed a draft in the month of , that adversely affected Resident #1's account. In , the facility attempted to make another withdrawal in the amount of $6750.00 dollars but Resident #1's Representative said the transaction was not successful because they had preemptively advised their bank to cease all further transactions on Resident ' #1's account. Despite all, as of the facility issued no refund.

Review of admission records on , , indicated that Resident #1 signed the facility's contract or rental agreement on . Resident #1's monthly was in the amount of $5300.00 dollars.

Admission documents presented for review by the facility's Executive Director revealed Resident #1 did not actually move to the facility.The ED explained that Resident #1 was required to pay one day for the month of , 2025, 18 days for the month of , $4000.00 dollars non-refundable fees, referred to by the facility as community fees (to get the apartment ready), and 30-days rent from , to . In all, Resident #1 was charged $10,884.29 dollars though she did not move to the facility.

Further financial records review revealed the following: In , Resident #1 paid $2584.33 dollars.
In , 2025, and on , Resident #1 made no payments.
In , the facility automatically drafted $13,964.52 from Resident #1's account.
In , the facility attempted to automatically draft $6750.52, but it was not

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A 170	Continued From page 2 successful. Therefore, after all processed payments, the facility overcharged Resident#1 $5664.56 dollars. On , , , at 4:55 PM, the Executive Director confirmed that Resident #1 never moved to the facility. The findings of the investigation were discussed with the Executive Director and she provided no additional information. CLass III	A 170		