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
	AL11970098	A. BUILDING: _____ B. WING _____	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF NARCOOSSEE	2910 N NARCOOSSEE RD SAINT CLOUD, FL 34771

(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 investigation #2025017732 and generator monitoring were conducted at Addison of Narcoossee Assisted Living Facility. There was a deficiency identified 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 resident #1 or responsible party within 45 days after the transfer, discharge, or of the resident. Findings: A review of resident #1's record found she was admitted on and on . . Her record contained a Resident Health Assessment form (1823) which documented her as being independent with all activities of daily living. She was oriented to person, place and time. A review of the facility notes revealed resident #1 on at 3:15 PM, in her apt. She was transported to the hospital where she was diagnosed with a . There was no documentation of resident #1	A 170		

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A 170	Continued From page 1 returning to the facility. On at 10:50 AM, an interview with resident #1's Power of Attorney (POA) was conducted. She confirmed he had not received a refund for the days in , that were pre-paid. She stated her mother , , on but she was out of the facility since . The facility did not pro-rate the level of care fee even though her mother was not in the facility to receive care. The POA went on to say her mother's apartment was cleared out on but, she was not pro-rated the pre-paid rent from - . She also stated she sent an email to the corporate office on regarding not receiving the refund. In response, she received a letter that she owed money, but they were not going to bill her. The POA for resident #1 said the Administrator told her that accounting made a mistake and applied a discount that they should not have so the balance was zeroed out. She said she did not receive any claims against the refund. The POA for resident #1 forwarded a screen shot of the payment portal used by the facility to track and pay rent, other fees, and refunds. A review found it was dated and documented a refund of $1965.46 was owed to resident/POA. She also sent a screenshot of the letter sent to her dated which documented - as you are aware - the facility inadvertently applied credits to your mother's account on and , $450 each. After correcting the errors, the outstanding balance owed to the facility is $814.47. However, due to their mistake they forfeited the funds and did not attempt to recover them. On at 11:45 AM, in an interview with the	A 170		

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A 170	Continued From page 2 Administrator, she confirmed resident #1 did not return to the facility after the due to complications not related to the . She stated she spoke to resident #1's POA about the accounting error. She could not provide any documentation of claims against the refund, or any explanation of why the refund was not paid within 45 days per their contract. The Administrator confirmed the final financial review was not completed until . Review of the admission Contract signed by resident #1 on found on page 18 of 31 section b. - This agreement will immediately be terminated upon your . Your Guarantor will continue to be responsible for all outstanding fees due at the time of and for fees occurring until your personal possessions are removed from unit. Page 21 of 31 section 4. Resident credits/Refunds/Charges - Upon discharge you or your estate is entitled to a pro-rated refund of advanced payment fees after the date your unit becomes vacant. If the community intends to make a claim against a refund after this agreement is terminated, the community shall notify you or your estate in writing of the claim and shall provide you or your estate with not less than 14 calendar days to respond. If a refund is owed, the community shall refund it to you or your estate not later than 45 days after the unit becomes vacant. The monthly rate that was paid and accepted by the facility was 5075.00. The monthly amount paid divided by 30 days yields a daily rate of 169.17. The resident's belongings were moved out on . Seven days X $169.17 = $1184.19. A refund of the amount of #1184.19 is	A 170		

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A 170	Continued From page 3 owed to the POA. (Photo Evidence Obtained) Class III	A 170		