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
	AL11910160	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA MANOR OF ST. PETERSBURG	112 12TH AVENUE NORTH SAINT PETERSBURG, FL 33701

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A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2012005005, was conducted in conjunction with a biennial state licensure survey, see (Aspen Event MZDT11) on The Azalea Manor Assisted Living facility had deficiencies found at the time of the visit.	A 000		
A 126	58A-5.021(7) FAC Fiscal - Resident Accounting (7) RESIDENT ACCOUNTING. (a) If the facility provides safekeeping for money or property; holds resident money or property in a trust fund; or if the facility owner, administrator, or staff, or representative thereof, acts as a representative payee; the resident or the resident ' s legal representative shall be provided with a quarterly statement detailing the income and expense records required under subsection (4), and a list of any property held for safekeeping with copies maintained in the resident ' s file. The facility shall also provide such statement upon the discharge of the resident, and if there is a change in ownership of the facility as provided under Rule 58A-5.014, F.A.C. (b) If the facility owner, administrator, or staff, or representative thereof, serves as a resident ' s attorney-in-fact, the resident shall be given, on a monthly basis, a written statement of any transaction made on behalf of the resident. (c) Within 30 days of receipt of an advance rent or security deposit, the facility shall notify the resident in writing of the manner in which the licensee is holding the advance rent or security deposit.	A 126		

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A 126	Continued From page 1	A 126		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that it utilized standards of accounting principles for maintaining resident accounting of personal funds for 3 (#1, 2 and 3) of 3 sampled residents for financial review.

Findings include:

During an interview conducted on at approximately 1:00 p.m. with the Administrator, he confirmed that he was the Representative Payee for Resident #1 and that she received social security monies. Record review of a Quarterly Balance Register from thru revealed Cash on hand for Resident #1 to be documented as $164.05, Bank Balance to be $400.00 and Account Balance to be #564.05. No documentation of deposits or withdrawals was present for the 4 months. Record review of Resident #1 ' s financial file revealed a " Money Management Agreement " signed by the client on which documented that Azalea Manor would assist the resident in the management of money, how to spend it and how much things cost.

During an interview conducted on at approximately 1:00 p.m. with the Administrator, he stated that Resident #2 worked and that the resident ' s check goes into the account that held the personnel funds for the facility. The administrator stated that Resident #2 had $500.00 in the bank and that at the facility, he had $145.35 available. The administrator also stated that the resident was in receipt of $78.40 per month from the Optional State Supplement

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A 126	Continued From page 2	A 126		

program; an [illegible] warrant stub for [illegible] was observed to be in Resident #2 ' s file. During a review of Resident#2 ' s Monthly Cash Summary for the months of [illegible] thru [illegible], it was noted that a one employment check was documented to be received on [illegible] over the 3 months reviewed. It was noted that the summary documented that Resident #2 had received increments of money from $2.00 to $100.00 at various points of the month up until [illegible], the resident did not sign the summary to indicate that he had received these monies. It was noted that the [illegible] monies were documented as received on [illegible] (vs. the warrant date of [illegible]; the [illegible] monies had no specific date of entry. It was noted that from [illegible] thru the date of survey of [illegible] that the summary did not document that the resident had received any monies, but there were 2 blank spots between the [illegible] and [illegible] receipts. The employment monies for Resident #2 were not documented on the summary for [illegible] or [illegible].

During an interview conducted on [illegible] on [illegible] at approximately 1:00 p.m. with the Administrator, he stated that Resident #3 worked at the Veteran ' s Administration, that the work monies would be direct deposited into a bank account that the resident had his name only on; no documentation of this account was available at the time of the survey. A review of a Money Management Agreement, signed by the resident on [illegible] documented that Azalea Manor would assist the resident in the management of money, how to spend it and how much things cost. A review of Resident #3 ' s Monthly Cash Summary from [illegible] thru [illegible], documented deposits from a " Bank " and unknown sources. The amount spent column documented

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A 126	Continued From page 3 withdrawals on a regular basis, almost every 2-3 days of $20.00, $30.00, $40.00 and sometimes $50.00. No documentation was present that would indicate that the resident was signing for the monies or the purpose of the monies. The entries during the dates of ... thru ... had no documentation of what the monies were for. It could be determined that the accounting practices being utilized by the facility did not offer solid evidence of the deposits, purpose of the withdrawals, documentation from the resident that they had received the monies or accurate documentation of deposited monies. A good sense of what was transpiring with the resident ' s monies could not be determined from the documents that were made available to the survey. Class III ...	A 126		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to	A 167		

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the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for

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placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.
(m) The facility ' s policies and procedures related to a properly executed

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that an the facility financial file contained written documentation of a 30 day notice regarding an increase in rent for 2 (#1 and 2) of 3 residents that were sampled for a financial review; failed to ensure that a residential agreement documented a written monthly for rent for 1 (#3) of 3 sampled residents that were sampled for a financial review.

Findings include:

A record review of Resident #1 ' s financial file revealed a residential agreement, signed by the resident, dated , which documented a rental of $637/mo. A record review of the facility financial ledger for the months of 01/12

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thru , documented that the resident was obligated to pay $837/month to the facility with a personal expense allowance of $30.00 per month. No documentation was present in the file that would indicate that the resident had received a 30 day notice of rent increase. During an interview conducted with the Administrator, at approximately 1:00 p.m., he confirmed that he was Resident #1 ' s representative payee.

A record review of Resident #2 ' s financial file revealed a residential agreement that was signed by the resident, , which documented his monthly rental to be $603/month. A record review of the facility financial ledger for the months of thru , documented that the resident was obligated to pay $668 per month with a personal expense allowance of $30.00 per month. No documentation was present in the file that would indicate that the resident had received a 30 day notice of rent increase.

A record review of Resident #3 ' s financial file revealed a residential agreement that had Resident #3 ' s name on the top of it. No signature was present on the agreement, nor was there any specific dollar amount that was written to indicate the monthly rental Record review of the facility financial log for the months of thru documented that Resident #3 was responsible to pay $700/month.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Azalea Manor of St. Petersburg
112 12th Avenue North
Saint Petersburg, FL 33701

Dear Administrator:

Re: **CCR# 2012005005** & Biennial survey

This letter reports the findings of a complaint survey and a biennial state licensure survey that were conducted on . 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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