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
	AL11912046	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL AT CORAL PLAZA	5850 MARGATE BLVD. MARGATE, FL 33063

(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 CCR# 2012006697 Allegation confirmed. Livewell at Coral Plaza, an assisted living facility, had deficiencies found at the time of the visit on [redacted]. This survey was conducted in conjunction with a revisit survey. Reference the separate report.	A 000		
A 167 SS=D	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 the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or [redacted] 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	A 167		

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A 167	Continued From page 1	A 167		

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 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

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A 167	Continued From page 2 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 provide a timely refund to a resident's legal representative for one of four sampled residents (#5), evidenced by issuing the refund 22 days late. The findings include: A review of facility-issued refunds was conducted on with the facility's business office manager (BOM) present. Review of resident #5's record revealed he on and his personal belongings were removed from the building on . In an interview conducted at 11:43 AM, resident #'s legal representative provided the following information. The resident's date of passing as and his personal belongings were removed from the building a few days later. She was initially told the refund would take 60 days. She made numerous follow-up calls and was given confusing, conflicting information from numerous staff members, such as the building was sold so someone else is responsible for the refund, the prior owner took all the checks and the new owner has no money left for a refund. She finally received a refund check in mid-to-late 2012. In an interview conducted at 1:50 PM, the BOM provided the following information. The	A 167		

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A 167	Continued From page 3 facility's practice in this case is to issue a refund within 30 days from the time the resident's personal belongings are removed from their unit. On either ... or ..., she gave this resident's refund check dated ... in the amount of $1,833.35 to the facility's owner for disbursement. In the following weeks, she received or was aware of multiple follow-up calls from the resident's legal representative regarding the refund. She was instructed by the facility's new property manager to and issued a replacement refund check dated .... She acknowledged a timely refund would have been made within 45 days of the resident discharge date and that this refund was 22 days late. This concern was discussed with and acknowledged by the facility's property manager on 8/2... 2:44 PM. Class III	A 167		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Livewell at Coral Plaza
5850 Margate Blvd.
Margate, FL 33063

Dear Administrator:

Re: CCR #2012006697

This letter reports the findings of a complaint survey that was 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.** Staff from this office will conduct a review after . 21, **2012** 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 representative. Should you have any questions please call Arlene Mayo-Davis at 561-381-5840.

Sincerely,

N C. Boyles, AFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure 3020 State Form and
State Form Revisit Report

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Delray Beach Field Office
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