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
	AL11968028	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K'S HAVEN INC	7813 SW 8TH CT NORTH LAUDERDALE, FL 33068

(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 An Assisted Living Facility Complaint Inspection #2012007325 survey was conducted on [redacted]. K's Haven, Inc. had licensure deficiencies found at the time of the visit	A 000		
A 167 SS=G	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 facility, or [redacted] facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the	A 167		

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A 167	Continued From page 1	A 167		

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 regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.
(m) The facility ' s policies and procedures related

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A 167	Continued From page 2 to a properly executed	A 167		

This Statute or Rule is not met as evidenced by:
Based on interviews and record review, the facility failed to provide a refund to a resident's legal representative for one of three sampled residents (Resident #3),and did not include required language required in their resident agreement contract (Resident #1, #2 and #3).

The findings include:

During review of resident agreements and resident account logs, conducted on , the following concerns were noted:

1. Resident #3's resident account log disclosed a payment of $890.00 dated . . . . . "[Resident] was not given a final bill because [resident's] wife removed [resident] from facility without giving proper notice according to contract. Review of hospital documents dated . . documented resident #3's admitting diagnoses to include acute exacerbation of . . . . . and . insufficiency.

In an interview conducted . . . . at 11:19 AM, resident #3's family member stated he was transferred to and admitted to a hospital on . . . . for medical reasons. She removed his belongings, clothes and personal items, from the facility about one week later, or . . . . . She stated she had asked for a refund several times but did not receive one, and has added to their financial difficulties.

In a telephone interview conducted . . . . . at 10:31 AM, the facility's administrator confirmed

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A 167	Continued From page 3	A 167		

the reason for the resident's transfer but stated his belongings were not removed until the end of . She acknowledged his belongings consisted of clothing and personal items only. She stated the reason a refund had not been issued was because she had not received 30 days advance notice. She also confirmed she had not provided the resident an invoice or other communication indicating the resident/family had 14 calendar days to respond to the facility's claim on resident #3's refund.

2. Review of contracts for residents #1, #2 and #3 revealed no wording confirming residents who are discharged as a result of or medical reasons are entitled to a prorated refund of payments. Additionally, confusing and conflicting clauses were noted in the contract as follows:
a. In the section titled Refunds, the first paragraph disclosed, " Refund will be refunded by check within forty five (45) working days, provided that cancellation of reservation is within thirty (30) days from date of reservation. If cancellation is notified after the thirty (30)day period, the entire sum of the advance payment will be forfeited. "
b. Two paragraphs later disclosed, " Resident will be privy to live out his/her last month identified in writing that he/she stipulates such in writing to K ' s Haven, Inc. 30 days prior to discharge from facility. "

These findings were discussed with and acknowledged by the administrator on at 6:43 PM.

Class II

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
K's Haven Inc
7813 SW 8th Ct
North Lauderdale, FL 33068

Re: CCR #2012007325

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from 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 after , 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 this office at (561) 381 - 5840.

Sincerely,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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