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
	AL11965645	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF BREEZE COURTYARD	3428 GULF BREEZE PARKWAY GULF BREEZE, FL 32561

(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 unannounced complaint survey was conducted on : regarding allegations contained in CCR 2012012047. Gulf Breeze Courtyard had deficient practice identified at the time of the visit.	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 : 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	A 167		

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A 167	Continued From page 1	A 167		

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 regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.

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A 167	Continued From page 2 (m) The facility ' s policies and procedures related to a properly executed . .	A 167		

This Statute or Rule is not met as evidenced by:
Based on record review, policy review, and interview, the facility failed to have a refund policy established in the residency agreements in 3 or 3 sample residency agreements (resident #s 1, 2, 3), and failed to provide refunds to the responsible party for 3 of 3 residents (resident #s 1, 2, 3) in the sample, within the 45 day time frame required by the statute.

The findings are:

Record reviews were conducted for sample residents 1, 2, and 3. The record reviews revealed the following:

Resident #1 resided in the facility until his . . . . on . . . .
Resident #2 resided in the facility until his . . . . on . . .
Resident #3 resided in the facility until his . . . . on . . . . .

The administrator was asked to provide information confirming the date the residents' responsible parties were refunded amounts due to them. During interview on . . . . at approximately 2:00 p.m., the administrator stated that all refunds for beneficiaries (or residents) are handled through the corporate office. After contacting the corporate office, the administrator provided faxed copies of refund checks for resident #s 1, 2, and 3 beneficiaries as follows:

Resident #1: Check issue date of . . . in the

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A 167	Continued From page 3	A 167		

amount of $3, 617.19 (101 days after the resident expired and services at the facility were no longer provided).
Resident #2: Check issue date of [redacted] in the amount of $2, 036.72 (51 days after the resident expired and services at the facility were no longer provided).
Resident #3: Check issue date of [redacted] in the amount of $1,729.03 (98 days after the resident expired and services at the facility were no longer provided).

The administrator provided a written corporate "Policy and Procedures: Resident Refunds" for review. The Policy and Procedure stated "Due to the timing of certain charges the facility may take up to ninety (90) days from the date of discharge to refund any amount due to the resident or responsible party. This will ensure that all charges can be properly applied prior to the refund being made".

A review of the standard residency agreement provided by the administrator (and found to be signed and on file for all 3 residents in the sample) reveals there is no notice of resident refunds being refunded within 45 days of termination of the agreement, or [redacted] of the resident, as required by the statute.

The statue states, in part: "The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or [redacted] 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

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A 167	Continued From page 4 the purpose specified in s. 429.18." The administrator acknowledged that all three of the residents' beneficiaries in the sample did not receive the refund due to them within the 45 day limit required by the state statute, and which was also defined in each resident's residency agreement with the facility. class 3	A 167		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Gulf Breeze Courtyard
3428 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Dear Administrator:

Re: ECC/ LNS MONITORING PLUS CCR #2012012047

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) 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 after , 2012to 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

Dh/dh
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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