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
	AL11964515	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE BRIDGE OF ORMOND BEACH	240 INTERCHANGE BLVD ORMOND BEACH, FL 32174

(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 licensure complaint survey, CCR # 20122013028 was conducted on , 2012. Claire Bridge of Ormond Beach had deficiencies at the time of the visit.	A 000		
A 120 SS=D	58A-5.021(1) FAC Fiscal - Financial Stability Fiscal Standards. (1) FINANCIAL STABILITY. The facility shall be administered on a sound financial basis in order to ensure adequate resources to meet resident needs. For the purposes of Section 429.47, F.S., evidence of financial instability includes filed bankruptcy by any owner; issuance of checks returned for insufficient funds; delinquent accounts; nonpayment of local, state, or federal taxes or fees; unpaid utility bills; tax or judgment liens against facility or owners property; failure to meet employee payroll; confirmed complaints to the agency or district long-term care ombudsman council regarding withholding of refunds or funds due residents; failure to maintain liability insurance due to non payment of premiums; non payment of rent or mortgage; non payment for essential services; or adverse court action which could result in the closure or change in ownership or management of the ALF. When there is evidence of financial instability, the agency shall require the facility to submit the following documentation: (a) Facilities with a capacity of 25 or less: 1. Payment of local, state or federal taxes; 2. Delinquent accounts, if any; 3. Number of checks returned for insufficient funds during the previous 24 months, if any; 4. Receipt of resident rent payment; 5. Amount of cash assets deposited in the facility	A 120		

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A 120	Continued From page 1	A 120		

bank account;
6. Capability of obtaining additional financing, if needed; and
7. A statement of operations or AHCA Form 3180 1002, 1995, projecting revenues, expenses, taxes, extraordinary items, and other credits and charges for the next 12 months.
(b) Facilities with a capacity of 26 or more, shall provide the documentation described in paragraph (a) above, or submit a current asset and liabilities statement or AHCA Form 3180-1003, 1998.

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview, the facility failed to demonstrate a sound financial basis by not issuing a refund with 45 days of discharge for 1 of 3 sampled residents, Resident #2.

The findings include:

Resident #2 moved into the facility on and expired on Her move out date was when the family removed her belongings. The resident's contract (signed by the power of attorney on revealed a non refundable Community Fee of $2000.00 and a Basic Service Rate of $4915.00 a month. The resident's prorated daily fee was $161.15. The resident's total stay was 6 days which would total $966 dollars owed plus the $2000.00 fee which equaled approximately $2966. The family paid a fee of $3084.25 for the month of So, the difference owed was $117.35.

An interview with the Administrator on at 1 p.m. revealed the resident's daughter

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A 120	Continued From page 2 contacted corporate on [redacted] and complained that she wanted the non refundable fee back since her mom was only there a few days. The facility agreed to refund half of the $2000 ($1,000). Review of the Account History Report for Resident #2 revealed a refund check was mailed to the power of attorney on [redacted] for $1,117.35. This was past the 45 days after the move out date. The Administrator was interviewed on [redacted] at 1:45 p.m. He confirmed that the refund check was mailed out late. Unclassified	A 120		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Clare Bridge of Ormond Beach
240 Interchange Boulevard
Ormond Beach, FL 32174

Re: CCR #2012013028

Dear Administrator:

This letter reports the findings of a state licensure 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.

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 this office at (904) 798-4201.

Sincerely,

Keisha Woods
Health Facility Evaluator Supervisor
Div. of Health Quality Assurance

LW/cw
Enclosures

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