STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	08/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Of Florida Assisted Living	301 South 10th Street Haines City, FL 33844	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 201300007198, was conducted on in conjunction with a revisit survey.

The of Florida Assisted Living had a deficiency at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC

Based upon interview and record review, the facility failed to ensure that 3 (#1,#3 & #4) of 4 sampled residents received at least a 30 day advance notice of rate increase.

Findings include:

During interviews with facility management on (11:30 a.m. to 12:30 p.m.) it was verified that a letter was sent out to all residents, including residents #1, 3 & 4 telling them they were paying less than the facility rate and requesting they bring their monthly rate up (pay more). The administrator stated it was not a demand.

A review of the letter sent out to these residents dated , 2013 revealed the letter indicated the monthly amount the residents were currently paying and stating to "please pay an additional (amount inserted) by , 2013.

This notice was less than 30 days advance written notice required by rule.

Further, copies of letters sent out to the residents/representatives for residents # 3 & 4 were actually dated 4th 2013 and stating the new rate would take effect on , 2013.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
of Florida Assisted Living
301 South 10th Street
Haines City, FL 33844

Dear Administrator:

Re: Revisit & **CCR# 2013007198**

This letter reports the findings of a state licensure revisit survey and a complaint survey that were conducted on 15, 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit and the deficiency identified on the day of the visit relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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