STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967375	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tallahassee Memory Care	2767 Raymond Diehl Road Tallahassee, FL 32309	

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

0000-Initial Comments

Complaint CCR#2013010186 was completed at Tallahassee Memory Care, Assisted Living facility on . There was deficient practice identified at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC
Based on family interviews, staff interviews, record reviews and the Residency Agreement the facility failed to honor the resident's contract in reference to the refund policy to refund monies within forty-five (45) days after the transfer, discharge or of the Resident for 5 of 5 residents. (Resident #1, #2, #3, #4 and #5)

The Findings:
On a complaint survey was conducted at the facility in reference to the facility failure to provide a refund.

On at approximately 9:34a.m, contact was made to the complainant concerning the complaint. The complainant reported that he and his wife finally received the refund, but the refund came in after the 45 days per the contract. Stated that he received the check on , 2013 and it was dated for . Stated that his only concern at this time was that the refund payment was received after the 45 days and that they had to wait roughly 68 days. Stated that he has a concern for other families who may be waiting on their refund after the 45 days period and does not know where to go for answers.

A review was conducted of the "Resident Discharged in the Last 12 months Log" which revealed the following:
Resident #1 family member has a refund of $2,164.61. Resident was discharged from facility on and as of date of survey had not received refund, total of 63 days since discharge.

Resident #2 has a refund of $198.87. Resident was discharged from facility on and as of date of survey had not received refund, total of 75 days since discharge.

Resident #3 received refund on / . Resident was discharged from facility on and received refund on , total of 65 days after discharge.

Resident #4 has a refund of $586.48. Resident was discharged from facility on and as of date of survey had not received refund, total of 106 days since discharge.

Resident #5 has a refund of $788.78. Resident was discharged from facility on and as of date of survey had not received refund, total of 108 days since discharge.

At approximately 12:29pm via telephone, an interview was conducted with Resident #1 family member/ Power of Attorney who reported that he has not heard anything from the Corporate office concerning refund, nor has he

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received his refund.

At approximately 11:45a.m, via telephone an interview was conducted with Resident #2 family member/son who reported that he has not heard or received anything about a refund from the corporate office.

At approximately 9:34am,via telephone made contact with complainant, for Resident #3 who reported that after 63 days on / / he received his refund after visiting the facility, and was given a number to contact the corporate office, he then received his refund.

At approximately 12:06pm via telephone an interview was conducted with Resident #4 family member/daughter who reported that she has not heard anything from the corporate office concerning a refund. Stated that she has not received any calls or paperwork or anything. Stated that she is aware that she has a refund due to her, but as stated has not heard anything from the corporate office.

At approximately 12:20pm, via telephone an interview was conducted with Resident #5 family member/Power of Attorney who reported that she has not heard anything, nor has she received any refund from the facility. Stated that she knows that she suppose to receive a refund.

Record review of Tallahassee Memory Care Residency Agreement Section 3.1.8 indicates, "Any security deposit retained by the Community, as described in Paragraph 3.1.1 above, shall be held by the Community throughout the term of this agreement to secure the performance of the Resident's, Payor's or Responsible Party's . The security deposit shall be held in a financial institution in the State of Florida. The Resident, Payor of Responsible Party will be notified within thirty (30) days of admission of the name and address of the financial institution in which the security deposit is held. If the community intends to make a claim against the security deposit upon the termination of this Agreement, it will notify the Resident, Payor or Responsible Party in writing of the amount and basis for the claim, and the Resident, Payor or Responsible Party will have at least fourteen (14) calendar days to respond. The Community will review any response and provide a refund of amounts which the Community determines are due within forty-five (45) days after the transfer, discharge or of the Resident " .

Record review of the Monthly Cycle of Accounts Payable Processing Policy indicated that, The accounts payable accounting functions are a vital part of the community operations as they provide the ability to record, process and pay vendor invoices. These invoices may be for either services or merchandise. This functions requires timely submittal of all invoices in order to release payment for optimum case management and to ensure accurate monthly financial reporting. Invoices must be sent 2nd-day air (regular mail for Washington) each Thursday and on the 3rd business day of the following month for expenses incurred during the previous month.

On at approximately 1:30pm interview via telephone with the Vice-President of Operations who reported that he did not work in the accounting office, stated that when received the telephone call from the Executive Director, he immediately made contact with the Corporate accounting office to gather information and he was informed that the facility first make sure the resident has moved out of the apartment and all belongings have been removed. The invoices are sent to the corporate office which takes a couple of days to get things in process. The Vice-President confirmed that the policy stated that within 45 days each family member should receive refund. The Vice-President stated that the days of 106 and 108 were too long a time for refund and this is not good business practice. The Vice-President stated that he will be addressing this issue with the accounting department because it is not acceptable.

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At approximately 1:34pm, an interview was conducted with Executive Director who reported that basically the day that a resident's family removed personal belongings from the community, the move out day is noted the following day. An invoice is generated that day which is the move out day, the Executive Director reviews invoice for refund and accuracy and then it is sent over night to home office via Fed-EX to corporate office in Tacoma, WA.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tallahassee Memory Care
2767 Raymond Diehl Road
Tallahassee, FL 32309

Dear Administrator:

Re: CCR #2013010186

This letter reports the findings of a state licensure complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 , 2013 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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