STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963806	10/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ormond In The Pines	101 Clyde Morris Blvd Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With

Revisit Repeat Tags:
0000-Initial Comments-
0167-Resident Contracts-58a-5.025(1) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the complaint survey CCR #2013008125 and CCR #2013007191 was conducted on Ormond in the Pines had deficiencies found at the time of the visit.

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and staff and resident representative interview, the facility failed to ensure it provided a refund to 1 of 2 sampled residents (Resident #1).

The findings include:

The facility was made aware on during complaint survey #2013007191 that the facility owed Resident #1 a refund in the amount of $1,107.16. During an interview on at 11:50 AM, the Business Office Manager presented a written figure of $2,053.10 and reported that she was told by her office in Oregon that the facility reimbursed Resident #1 that amount of money. She reported that she was unaware of why they had reimbursed Resident #1 with a higher amount than she had requested for them to send. She reported that she requested her office in Oregon to send Resident #1 $1,137.06 She also reported that she did not have a copy of an invoice or a check that showed how much the facility had reimbursed Resident #1. She reported that she was sent an email from her office in Oregon that told her the amount and that they had sent the refund.

In an interview with the original complainant, Resident #1's lawyer, on at 2:50 PM, he reported that his office had not received any money for a refund from the facility since the complaint was filed with the Agency for Healthcare Administration on He reported that he would contact Resident #1 to see if they had received any money from the facility for the refund they were requesting. Resident #1's lawyer contacted the surveyor back on at 10:30 AM and reported that Resident #1 had not received any money from the facility since the complaint was filed on

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In a phone interview with the Business Office Manager on . . . . . at 11:25 AM, she reported that she was unaware that Resident #1 had not received a refund. She reported that she would call her office in Oregon and get copies of the check and fax them to the surveyor "right away". A follow up call was placed to the Business Office Manager on . . . . . at 3:30 PM. She confirmed at this time that the facility had not sent any refund monies to Resident #1 after the complaint survey held on . . . . . A fax copy of the check sent to Resident #1 was received in the office on . 2013, the 45 days in which the refund should have been sent.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Ormond in the Pines
101 Clyde Morris Blvd.
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

The deficiency should be corrected no later than , 2013. This office has recommended administrative action (fines) for failure to correct all deficiencies within the mandated time frames. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.

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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

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