STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967863	01/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rockwell Seniors, Inc II	5030 Nw 44th Avenue Coconut Creek, FL 33073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0124 - 58a-5.021(5) Fac - Fiscal - Bank Accounts S-S= B
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint inspection survey (CCR# 2013012634) was conducted on . . . . at Rockwell Seniors, Inc. II. The facility had deficiencies found at the time of the visit.

0124-Fiscal - Bank Accounts 58A-5.021(5) FAC
Based on record review and interview, the facility failed to notify residents of the name and address of the depository where all funds are being held, for 3 of 3 residents whose contracts were reviewed (Resident #1, #2 and #3).

The findings include:

On . the resident contracts for Resident #1 and Resident #2 were reviewed. In Paragraph 1 on Page 1 of the Resident Contract, under Terms and Conditions, the following is documented: "Funds will be held in an account at a local insured bank as follows: Fund will be kept separate from funds and property of the facility. The funds will be held at the following location...*Chase Bank* ". There is no address for this bank listed in the contract.

On . a review of resident records for Resident #1 and Resident #2 revealed photocopies of refund checks issued to the responsible parties of Resident #1 and Resident #2 drawn on a bank account from Wells Fargo Bank. There is no documentation within either of the residents' records showing evidence the residents or family members were notified of the change in financial institutions where the residents' funds were being held.

On . the resident contract for Resident #3 was reviewed. In Paragraph 1 on Page 1 of the Resident Contract, under Terms and Conditions, the following is documented: "Funds will be held in an account at a local insured bank as follows: Fund will be kept separate from funds and property of the facility. The funds will be held at the following location...*Wells Fargo*". However, there is no address

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for this bank listed in the contract.

Class

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to provide a refund, per contractual agreement. for 1 of 3 sampled residents whose contracts were reviewed (Resident #2).

The findings include:

On a record review was conducted for Resident #2. Resident #2 was admitted to the facility on and resided there until the resident's on According to contract review for Resident #2 on the resident paid a security deposit of $1400.00, to be held in a separate bank account from the funds and property of the facility.

At the time of the resident's the monthly rent amount had not been paid, so the facility pro-rated 3 days rent due and subtracted this amount ($186.00) from the deposit held. The total due to the resident's legal representative was to be $1214.00, payable within 45 days 17, 2013).

Further review of Resident #2's file revealed, a handwritten statement documents the following:
Deposit $1,400
Prorated $186
Storage $279
Refund $935 Check #1526

A separate photocopy of check #1740, dated in the amount of $194.13, was made out to responsible party of Resident #2 and contained in resident file. There is no documentation to prove on what date either check was mailed to the responsible party. The entire balance of the resident's refund was not paid to the responsible party within 45 days of the resident's

An interview was conducted with the responsible party of Resident #2 on at 9:35 AM. She

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stated, she had only received one check from the facility in the amount of $935.00. There had been no other monies received. The responsible party stated a balance of $279.00 is still owed.

During interview conducted with the Administrator on [redacted] at 9:50 AM, she was asked to provide proof of a written notice to the responsible party providing at least seven (7) days in which to remove the items from the unit before imposing storage charge. The Administrator stated, she did not provide the responsible party with a written notice regarding the resident's personal items. The Administrator was informed that according to her resident contract, she could not charge storage fees without providing the responsible party with the 7 day written notice. The Administrator acknowledged that the amount due to the responsible party was $1,214 dollars. She stated she had sent two checks totaling $1,129.13; a balance of $84.87 was still due.

The resident contract states on page 3, Section 5, Paragraph 1, under Refund Policy, "Monies held as security deposit will be held in an account with other resident's funds with complete and adequate records..." A copy of bank statements for months of [redacted] and [redacted] was requested from the Administrator. She stated they were not available for review; she would have to get them from her home computer. The Administrator failed to provide aforementioned copies as requested by the surveyor.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Rockwell Seniors, Inc II
5030 NW 44th Avenue
Coconut Creek, FL 33073

Dear Administrator:

Re: CCR #201301263

This letter reports the findings of a complaint survey that was conducted on . 2014 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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