STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911225	02/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At River Oaks	925 South River Road Englewood, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
SI - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:
These are the results of a Complaint Survey, CCR# 2013013324 and CCR# 20140012152 conducted on _____ and _____ at Emeritus at River Oaks, an Assisted Living Facility (ALF).

CCR# 2013013324 had 2 allegations which were not confirmed.

CCR# 2014001252 had 2 allegations which were not confirmed.

The facility was cited at A0167 not related to the complaints.

The following is a description of non-compliance:

0167-Resident Contracts 58A-5.025(1) FAC
Based on interviews and record reviews, the facility failed to ensure 1 (Resident #1) of 3 residents' contracts reviewed contained the daily, weekly, or monthly rate and a list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule.

The findings include:

Review of Resident #1's contract which was signed and dated _____ noted it did not contain a breakdown of the monthly reoccurring charges.

On _____ at 2:30 p.m. during an interview the Community Relations Director stated that all resident contracts have a breakdown of monthly charges each resident should expect from month to month. The Community Relations Director stated that appendix C is where you would find this information, it breaks down all of the monthly fees even respite care residents has a section in their contract which list the day to day charge. After she reviewed Resident #1's contract she stated that Appendix C was missing and that she is unable to determine the amount of monthly charges agreed upon by the resident and/or their representative.

On _____ at 3:00 p.m., during an interview with the Executive Director and the Assistant Executive Director, after they reviewed Resident #1 contract, they confirmed Appendix C was missing and they were unable to locate it. They also confirmed Appendix C is the section of the contract which list what

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911225	02/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At River Oaks	925 South River Road Englewood, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the monthly reoccurring charges the facility and the resident and/or the resident's representative would have agreed upon. They also confirmed Appendix C is a key component of the contract and should be kept with the contract at all times.

During an interview On [redacted] at 4:45 p.m., Resident #1's Power of Attorney (POA) stated that she had signed the contract on [redacted] but when she had requested a copy of the contract it did not include Appendix C. She further stated that she had called the facility about the missing breakdown on the monthly charges and for Appendix C and was told they were unable to find that section (Appendix C).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

Re: CCR# 2013013324 & CCR# 2014001252

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 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 , 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372