STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967971	05/06/2014
NAME OF PROVIDER OR SUPPLIER **Florida Assistant Living Organization Lake Shore**	STREET ADDRESS, CITY, STATE, ZIP CODE **585 Lake Shore Drive Madison, FL 32340**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced complaint survey, CCR# 2014003541, was conducted on - at Florida Assisted Living Organization Lakeshore. Deficiencies were identified at the time of the visit.

0167-Resident Contracts 58A-5.025 FAC
Based on financial record review and interview with the administrator, the facility failed to honor the contract for 1 of 3 (#3) residents reviewed for refunding money upon discharge.

The findings are:

Resident #3 was discharged by the facility on . The family removed the resident from the facility .

A review of the Financial Statements for the administrator/facility revealed:
A) In of 2013 the facility received a check from Allegheny for resident #3 in the amount of 1,464.03. This was reclaimed on for the amount of $1,464.03
B) On , 2013 a SSA (Social Security Administration) check for resident #3 was received in the amount of $1,076.00.
C) On 2013 a check was received for resident #3 from Allegheny in the amount of $1,464.03.
D) On 2013 a check was received from SSA for resident #3 in the amount of $1,076.00

A correspondence letter was sent to resident #3 on from FALO (Florida Assisted Living Organization). This letter informed the resident the Social Security checks would be refunded to the social security administration. The administrator included a payment of $1,463.03 for the Alleghany Technologies from 2013.

As of no refunds for the SSA checks for of 2013 $1,076.00 and of 2013 $1,076.00 have been made.

On at approximately 9:00am, an interview was conducted with the administrator. When asked if he had returned the SSA check in the amount of $1,076.00 to social security

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from 2013 he stated, "No ma'am because they had taken 1,400.00 (money reclaimed for the Alleghany government check) back out of my account". When asked if had returned the SSA check in the amount of $1,076.00 to social security from of 2013 he stated, "No ma'am because I thought I was to keep that because the family had not provided proper discharge notice".

The administrator stated he had no specific policy related to bed hold.

The administrator could not produce a copy of the resident #3 contract.

A review of the facility contracts did not indicate that the resident must give a notice prior to discharging from the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Florida Assistant Living Organization Lake Shore
585 Lake Shore Drive
Madison, FL 32340

Dear Administrator:

Re: CCR #2014003541

This letter reports the findings of a state licensure 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 me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure
XG90

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