STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	05/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adkinson Retirement Home	**2050 58th St N Clearwater, FL 33760**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0123 - 58a-5.021(2) Fac - Fiscal - Resident Trust Funds S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014001422, was conducted on .

The Adkinson Retirement Home, assisted living facility, had a deficiency at the time of the visit.

0123-Fiscal - Resident Trust Funds 58A-5.021(2) FAC

Based on record review and interview, the facility failed to keep an accurate accounting of 1 (#1) of 3 residents sampled for accounting procedures.

Findings include:

On . . . the financial records of Resident #1 were reviewed and the records revealed the resident was admitted to the facility on . . . and had signed a contract on . . . . stating he would pay $1200 per month plus expenses from . 2013 to . 2013. On . 2013 he would pay only $736.00 which would be his social security payment plus expenses.

The . billing statement revealed Resident #1 gave the facility his personal debit card to cover the rent and expenses. The card had $3096.20 in the account on . . . It was billed for 9 days at $40.00 per day which totaled $360.00 plus expenses of $41.75. The resident should have been billed 9 days at 36.71 since $1200 when divided by 31 equals $36.71. The resident should have been billed $330.39 instead of 360.00. The accurate billing would have been $360.00 plus $41.75 for expenses.

The . billing revealed Resident #1 received his social security payment of $736.00. When the facility subtracted the $ 736.00 from $1200, the resident was responsible for $464.00 plus his expenses for which were $110.50. The resident was billed $574.50 and this was deducted from the resident's debit card.

The . . . . . billing revealed Resident #1 received his social security payment of $736.00. When the facility subtracted the $ 736.00 from $1200, the resident was responsible for $464.00 plus his expenses for . . . . . which were $178.50. The resident was billed $642.50 and this was deducted from the resident's debit card.

The . . . . . billing revealed Resident #1 received his social security payment of $736.00. When the facility subtracted the $ 736.00 from $1200, the resident was responsible for $464.00 plus his expenses for . . . . . which were $39.50. The resident as billed $503.50 and this was deducted from the resident's debit card.

The . . . . . billing revealed Resident #1 only paid $736 per his contract plus his expenses of $580.48. His debit card was deducted $580.48.

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The billing revealed Resident #1 on . He was billed for 5 days at $23.78 (736.00 divided by 31 which equals $23.74). The resident was billed $118.00 and this was deducted from his debit card. The resident should have been billed for 4 days at $23.74. The actual amount was $94.96 not $118.00.

The facility deducted $2741.63 from the debit card and since there was 3096.20 on the card to start in 2013, there should have been $354.57 left on the card. The facility thought there was $24.00 left on the card but when the family member was called, she stated on that there was no money on the card. The facility owed $354.57 to the resident's family member because of inaccuracies in the billing process.

When interviewed on 5.12.14 at 3:00 p.m., the administrator stated she was really with all the numbers but she did see where she might have taken too much money out of the debit card. She said she would send a check for the corrected amount to the family member who now had the debit card by .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

Dear Administrator:

Re: **CCR# 2014001422**

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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