STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	06/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Woodmont By Encore Senior Livi	3207 North Monroe Street Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
On an unannounced complaint survey CCR 2014004927 was conducted at Pacifica Senior Living Woodmont. Deficiencies were cited.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on staff interview, resident financial record review and resident contract the facility failed to honor the residents rights by failing to honor a contract for 1 of 3 (#1) residents reviewed for refunds. The facility failed to provide an accurate and timely refund to the resident upon discharge.

The findings are:

A review of the financial record for resident #1 revealed the resident was admitted on and discharged on . A total of $18,837.90 worth of charges had accrued during this time. A total of $20,875.81 in payments had been made to the facility. On a refund check in the amount of 1,756.45 had been issued to the family but was not received by the family until . According to the amount of charges and the amount of payments there was a difference of $286.41 that as of had still not been refunded to the resident/family.

The contract of resident #1 was reviewed. On page 7 of 23 "Refunds" (f) Operator shall provide a refund, if applicable to you within 45 days after the effective date of the termination of the agreement.

The resident moved out on and the check was not issued until . The 45 days per the contracted ended on .

On at approximately 11:45 AM and interview was conducted with the business office manager. The business office manager stated she started and she is the current business office manager. She could not account for the added charges and refunds. She agreed after that the resident/family was still due money for a complete refund. She confirmed that the resident had not been refunded money until .

CLASS III

0167-Resident Contracts 58A-5.025 FAC
Based on staff interview, resident financial record review and review of the residents contract the facility failed to provide a refund in accordance with the resident contract for 1 of 3 (#1) residents reviewed for refunds. The facility did not refund the correct amount of money within 45 days of discharge.

The findings are:

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Woodmont By Encore Senior Living
3207 North Monroe Street
Tallahassee, FL 32303

Dear Administrator:

Re: CCR # 2014004927

This letter reports the findings of a state licensure 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 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
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