STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966633	08/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Purisima	100 Sw 36 Avenue Coral Gables, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR #2014007726) survey was conducted on and concluded on . La Purisima ALF had deficiencies found at time of the survey.

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to honor its refund policy for 1 out of 2 (Resident #2) sampled residents.

The findings included:

Interview on at 11:11 AM, the facility administrator stated that Resident #2 was crying and laughing on . She called the police and his case manager. The police transferred him to the hospital. She did not receive a call from the hospital when he was discharged. She stated "I received a call from a lady who identified herself as an owner of an Assisted Living Facility who asked for Resident's #2 documents". "I told her that his documents will be given only to the resident and/or his case manager". His mother picked up his belongings in . She stated that Resident #2 and his case manager never contacted her. In addition she stated "I did not discharge him".

During an interview on at 11:40 AM, Resident #2's case manager stated that Resident #2 resided in the facility for 8 months. He was and transferred to the hospital on . The resident did not receive a refund of the payment made to the facility in .

Review of Resident #2's record showed that he was admitted to the facility on . Resident #2's contract stated when a resident is admitted to the hospital the contract expires. The facility contract stated in order for a bed to be reserved it must be in writing and would not hold a bed unless a deposit was received.

Review of facility's bank account showed that Resident #2 paid for the month of 2014 on .

The record had documentation that the resident was entitled to receive ( ) in the amount of $78.40 monthly since 2014. The check received on 2014 for the amount of $78.40 was in his record and not cashed.

Based on interviews and record review resident #2 left the facility on and his mother removed his belongings from the facility in . The facility failed to provide resident #2 a refund for the prorated amount and failed to give resident #2 his check for the month of .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Purisima
100 Sw 36 Avenue
Coral Gables, FL 33135

RE: CCR #2014007726

Dear Administrator:

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 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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