STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ann-Way Assisted Living, Inc	8207 Forest City Road Orlando, FL 32810	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint investigation CCR#2014005503 was conducted in conjunction with CCR#2014006704 on [redacted] Ann Way Assisted Living Facility had deficiencies found at the time of the visit.

0162-Records - Resident 58A-5.024(3) FAC
Based on record reviews and interview the facility failed to ensure that resident's records contained all the required information including any addendums to the contract as described in Rule 58A-5.025, F.A.C. for 1 or 3 sample residents (#3).

Findings:

In an interview with resident #3 on [redacted] at approximately 1:30 PM, who stated she used to get money every month but not now and did not know why. The facility got all her money.

Resident record review for resident #3 on [redacted] at approximately 2 PM revealed a contract dated [redacted] and updated [redacted] indicated her monthly payment rate was $1600. Continued review revealed no evidence the resident had been given notice of a rate increase.

The rent/rate roll/payments received for [redacted] 2014 indicated the resident received $1,101.00 from Social Security (SS) and $1,050.00 from Long Term Care (LTC). Her total payments were $2,151.00. The amount due to the facility was $2,151.00; total payment made was $2,151.00.

The [redacted] 2014 rent/rate roll /payments received indicated the resident received $1,010.00 from SS and $1,085.00 from LTC; her total payments were $2,151.00. The amount due to the facility was $2,151.00; payment made was $2,185.00.

The [redacted] 2014 rent/rate roll /payments received indicated the resident received $1,010. 00 from SS and $1,085.00 from LTC; her total payments were $2,151.00. The amount due to the facility was $2,185.00.

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The facility manager contacted the co-owner, as he handled financial matters. She stated in a telephone interview on . . . . . at approximately 1:45 PM that the administrator had been let go as well as other staff because they were not doing their jobs as expected. She added she would need to come to the facility. She was located in Tampa and would need to come to the facility to search for documentation. She requested additional time to obtain evidence the check was returned. The area office supervisor was contacted and 2 days were given to obtain any documentation.

No documentation by either e mail or fax was received by . . . . . at 9 AM.

A telephone call was placed to the facility on . . . . . at approximately 12:51 PM. During interview with the new administrator/owner and co-owner; they stated they were working on obtaining the documentation. An e mail was received on this date at approximately 3:15 PM.

In an e-mail received on . . . . . at approximately 3:15 PM. The e mail contained a letter that indicated a rate increase and the cost for a semi private . . . . . the East wing was $2,400.00. However the notice was not dated and not signed by the resident or responsible party, nor was there any evidence to confirm the resident was made aware of the rate increase.

Another telephone call was placed to the facility on ; the co-owner stated she was unable to locate any written documentation regarding the resident' rate increase notice but that all residents were given notice of the increase. The resident was due a refund for over payment of $551.00.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview the facility failed to abide by the terms in the resident contract and did conform to Section 429.24(3), F.S. and did not issue a refund with 45 days of discharge to 1 of 3 sampled residents (#1).

Findings:

Review of the facility's admission and discharge log on . . . . . at approximately 10 AM noted resident #1 was admitted to the facility on . . . . . and moved out on . . . . . .

Resident record review on . . . . . at approximately 2 PM for resident #1 revealed it was dated

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and indicated that a refund was entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. The facility must provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident.

A photo copy of check dated from the State of Florida to the former administrator for resident #1 in the amount of $78.40. A Notice of Case Action letter dated indicated that an amount of $734.40 would be received and the resident was to keep $54.00. A copy of a facility check from Wells Fargo Bank dated was made to another assisted living facility (ALF) for the amount of $78.00. The memo indicated for resident #1. The back of the check indicated the check was deposited at a bank in Deltona on

A facility note indicated that on an individual (name) was taking resident #1 to an ALF/home of her choice. Note dated needs guardian ad Litem or Healthcare advocate unable to make decisions medically, in my opinion."

In a telephone interview with the co-owner on at approximately 1:45 PM that the administrator had been let go as well as other staff because they were not doing their jobs as expected. She stated the facility was payee for this resident and normally if a check came to the facility after the resident moved out, it was returned. She added she would need to come to the facility; she was in Tampa, and search. She requested additional time to obtain evidence if the check was returned. The Area Office supervisor was contacted and 2 days were given to obtain any documentation. No documentation by either e mail or fax was received. A telephone call was placed to the facility on at approximately 12:51 PM. Spoke with the administrator and the co-owner stated they had been working on obtaining the documentation.

An e-mail was received on this date at approximately 3:15 PM. Review of the documentation revealed no evidence to confirm that a check for the amount of $734.40 (overpayment for 2014) was refunded to the resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ann-Way Assisted Living, Inc
8207 Forest City Road
Orlando, FL 32810

RE: CCR #2014005503

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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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