STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	09/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Hope Manor	2251 Nw 29th Court Oakland Park, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Complaint Survey #2014007827 was conducted at Good Hope Manor Assisted Living Facility on . . . . . and . . . . thru . . . . . The facility had a deficiency found at the time of the visit.

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview, it was determined that the facility failed to ensure that a residency agreement was executed by a resident's representative and/or legal guardian, for 1 out of 3 sampled residents (Resident #1).

The findings include:

Record review revealed Resident #1 was admitted to the facility on . . . . . as an emergency placement by { name of agency}. Further record review revealed the {name of the agency} was responsible for Resident #1's residency contract and would be responsible for the monthly residency fee at the time of placement until further evaluation of the resident (mental and physical status) was completed.

Record review of Resident #1's contract dated . . . . . revealed the contract had been executed between the resident and the facility for a monthly rate of $1950. Further review of the contract revealed the responsible party {name of agency} had not signed the contract, as required.

During an interview with {name of agency} on . . . . . at 5 PM, it was confirmed that the resident was placed as an emergency placement at the facility. It was also confirmed that the agency had made prior contractual arrangements with the facility at a specified daily rate (lower than the standard monthly rate) to house emergency placement residents placed by the {name of the agency}; this arrangement also covered Resident #1. She also revealed {name of agency} was responsible for Resident #1's residency agreement and that Resident #1 should not have been responsible for the residency fees at the time of placement; Resident #1 was deemed to not be competent to enter into a contractual agreement. It was also confirmed at the time of placement in the facility, Resident #1 did not have any form of income and that {name of agency} was attempting to help the resident acquire her monthly social security payments.

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Review of Resident #1's statement of account revealed monthly payment amounts owed of $1950 monthly from 2014 to 2014 and a prorated amount of $650 (from to and an admission fee of $500 on . According to this statement the resident owed the facility $14654. However, further review of Resident #1's file failed to indicate any document indicating agreement of these fees by Resident #1's responsible party (name of the agency).

During a record review of an Order of Referral for an Order Authorizing Protective Services the General Magistrate concluded that the "respondent" lacks sufficient understanding to make and communicate responsible decisions regarding property or person including whether or not to accept protective services by the Department, and thus lacks the capacity to consent to protective services; order dated .

The facility Liaison Nurse/Business Manager agreed that the facility failed to provide a copy of the facility contract to the Resident's Legal Representative. The facility also confirmed that placement of Resident #1 was conducted by {name of the agency} and that the legal representative had not signed the contract, as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

RE: CCR #2014007827

Dear Administrator:

This letter reports the findings of a complaint 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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AGENCY FOR HEALTH CARE ADMINISTRATION
Licensure Only Survey Checklist
Information in the attached documents are confidential and are subject to HIPAA regulations

FACILITY NAME: Good Hope Manor 2251 NW 29th Court Oakland Park, Fl. 33311 TYPE OF FACILITY: ALF LICENSE NUMBER: **8627** ASPEN EVENT ID: 3ZI111 DATE OF SURVEY:	TYPE OF SURVEY: (check all that apply) ANNUAL: _____ BIENNIAL: _____ COMPLAINT: (please include CCR) CCR# 2014007827 OTHER (please explain_____

DATE /	ITEM	
10/10	COVER LETTER TO FACILITY	An unannounced Complaint Survey #2014007827 was conducted at the Good Hope Manor Assisted Living Facility on at 9:15 AM. No deficiencies were found at the time of the visit.
	3020 FORM	
	CIF (if applicable)	
	LETTER TO COMPLAINANT (if applicable)	
	RECAP OF COMPLAINT (complaint summary)	
	RFS (if applicable)	