STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966739	10/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open . . . . . Retirement Home, Inc	342 Sw 34 Terace Deerfield Beach, FL 33442	
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 licensure complaint survey, CCR# 2014006424, was conducted on through at Open Retirement Home, Inc. The facility had a deficiency found at the time of the visit.

The complaint survey was held in conjunction with a relicensure revisit. Please see separate report for findings.

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interviews, the facility failed to ensure that 2 out of 3 resident's representatives and/or family members were provided a copy of the contract (Resident #1 and #3) and that 1 out of 3 contracts were executed before or at the time of admission (Resident #2).

The Findings Include:

1. Two residents (Resident #1 and #3) representatives and/or family members were not provided with a copy of their contracts.

a. A review of Resident #1 ' s contract revealed the representative signed it on 3/1/13. The Administrator stated on at 1:15 PM that Resident #1 ' s family member never asked her for a copy of the contract. Therefore, a copy of Resident#1's contract was not provided to the Representative.

b. In an interview conducted on at 10:43 AM, Resident #3 's Power of Attorney (POA) stated when she signed her family member's contract she asked for a copy. She stated that the Administrator said that she does not give copies out. Resident #3 ' s POA stated, " I thought that was strange. " Record review of Resident #3 ' s contract revealed her POA signed it on

The Administrator stated on at 1:15 PM, that she gives a copy of the contract to the family

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member or POA only if they ask.

2. Resident #2 contract was not executed before or at the time of admission.

Record review of Resident #2 ' s contract revealed a date of with no signature. The Administrator stated on at approximately 12:35 PM that Resident #2 ' s family member/POA was waiting for another family member to sign the contract. In an interview conducted on at 12:46 PM, Resident #2 ' s family member confirmed that she was the POA on record. Resident #2's POA stated she did not have the time to sign the contract because of personal reasons. She asked this writer if the contract could be faxed to her so she could sign it. The Administrator faxed a copy of the contract. Resident #2's POA faxed a signed copy of the contract dated to the facility. The contract was signed almost 3 months after Resident #2's admission .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Open . . . . . Retirement Home, Inc
342 SW 34th Terrace
Deerfield Beach, FL 33442

RE: CCR #2014006424

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2014 through , 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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