STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
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 compliant survey, CCR #2014008091, was conducted on thru and at Emeritus at Springtree. The facility had a deficiency found at the time of the visit.

This survey was conducted in conjunction with the licensure survey on the same date. Please refer to the separate report for findings.

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interviews, the facility failed to ensure that all residents prior to a rental rate increase were issued at least a 30 day rate increase notice prior to the rate increase, for 1 out of 3 sampled residents (Resident #11).

The Findings Include:

Record review revealed Resident#11 and #30 (spouses) were admitted to the facility on . Further review revealed Resident #11 and #30 signed separate contracts, sharing one semi-private rates for each resident. A record review of Resident #11's contract indicated his/her signature with a date of with an effective date of . Resident #11's Fee Summary (Appendix C of the contract) indicated a total monthly rate of $1750.00. Resident #30's contract was signed by him/her on with an effective date of indicating a total rate of $1750. Review of the facility's records indicated Resident #30 on .

The Power of Attorney (POA) stated on at 10:56 AM, that he/she was first informed that Resident #11 would be moved to another a due to the of Resident #30, when a bill (rental summary statement/invoice) dated was received. The POA stated she contacted the Administrator and informed her that she did not want Resident #11 to have a . The POA

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stated the facility did not give a 30-day rate increase or a . . . change notice in writing.

A review of Resident #11's rental summary statement indicated the following. Resident #11 owed $2300 for 2014 and $550 for 2014. During an interview with the Executive Director on . . . at 3:17 PM, she stated that she did not put anything in writing to Resident #11 ' s POA regarding the rate increase from $1750 to $2300 monthly.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus At Springtree
4201 Springtree Drive
Sunrise, FL 33351

RE: CCR #2014008091

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2014 thru , 2014 and , 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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