STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	11/14/2014
NAME OF PROVIDER OR SUPPLIER **Horizon Bay Vibrant Retirement Living 444**	STREET ADDRESS, CITY, STATE, ZIP CODE **3141 North McMullen Booth Road Clearwater, FL 33761**	
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

Assisted Living Facility

An unannounced complaint survey, CCR#2014008528, was conducted on //

The Horizon Bay Vibrant Retirement Living #444 assisted living facility had one deficiency found at the time of the visit.

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to update or amend resident contracts related to the Basic Service Rate for one (Resident #3) of three discharged residents whose contracts were reviewed.

Findings Include:

Resident #3 was admitted to the facility // and discharged to a skilled nursing facility on . A contract, specifically "Exhibit A - Schedule of Services and Rates," was signed by the resident's POA (Power of Attorney) on // identifying a "Basic Service Rate" of $3,150.00 per month for 203 and a "Personal Service Rate" of $995.00 per month for a total "Monthly Service Rate" of $4,145.00.

The facility provided a document titled "Account History Report" for Resident #3 which included monthly charges and payments. The monthly "Charge/Credit" entries for "Basic Service Rate" are as follows:
- "// - // --- $103.28
- "// - --- $3,150.00
- "// - // --- ($103.28)
- "// - // --- $3,150.00
- " - --- $815.55
- " - --- ($1,073.76)
- " - --- $299.20
- "// - // --- $4,975.00
- "// - --- ($4,975.00)
- "// - --- $1,825.00
- " - --- $4,975.00
- " - // --- $4,975.00
- " - --- $4,975.00
- " - // --- $4,975.00
- " - // --- ($1,223.47),"

The document also showed a "$0.00" balance upon discharge to a skilled nursing facility.

The ED (Executive Director) was asked about the increase in the "Basic Service Rate" on the above document. She indicated in an interview at approximately 11:45 a.m. on // that she was not here when the resident

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was admitted, but $3,150.00 is the rate for the AL (Assisted Living) and $4,975.00 is for the Memory Care Unit.

She indicated she spoke with the Wellness Director who informed her the resident was across the street at a sister facility and had to go to a skilled nursing facility for rehab. After her rehab, it was determined she needed to be placed in a "memory care unit." The resident's previous facility had no "memory care unit" available.

The ED further stated it was her "understanding, the former ED, 'on paper,' moved the resident into (Assisted Living) on the contract signed by the resident's POA to give them a (financial) break. The Wellness Director said the resident was in on the Memory Care Unit from 'Day One' (admission). The previous ED never changed the contract. He apparently made a deal (for the resident/POA) to pay a lower price for the first month. There should have been a 'Memory Care Unit' contract in the file; I checked, and there is not one on file."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Horizon Bay Vibrant Retirement Living 444
3141 North McMullen Booth Road
Clearwater, FL 33761

RE: CCR #2014008528

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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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