STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	11/10/2014
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)		

Revisit Corrected Tags:
0167-Resident Contracts-11/21/2014

Revisit Repeat Tags:
0162-Records - Resident-58a-5.024(3) Fac

Specific Tag Findings:
0000-Initial Comments
11/26/14 AMENDED TO CORRECT TAG A167.

Revisit to Complaint inspections #2014005503 and # 2014006704 was conducted on 11/10/14. Ann Way Assisted Living Facility had deficiencies found at the time of the visit.

0162-Records - Resident 58A-5.024(3) FAC
A0162 remained uncorrected

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) and did not refund the resident appropriately.

Findings:

During the complaint inspection conducted on ____ it was determined that resident #3 was owed a refund because there was no evidence to confirm when she was given a 45 day notice of a rate increase.

Resident record review for resident #3 revealed a contract dated ____ and updated ____ indicated her monthly payment rate was $1600.

The director provided a notice that documented the following:

"Dear Resident or Resident assignee (resident #3 name typed)
Please be informed that Ann-way Assisted Living is now owned by Green Tree Assisted Living LLC, the contract with Ann-way is still in effect until ____ In an effort to provide better care to our residents and quality of community, starting ____ 1st our rate will change as follow: ____ east-wing (new) Private $3,000.00; Semi $2400.00; West Wing Private $2600.00, semi-private $2,000.00."

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Further review of the notice revealed that someone had crossed out the $2400.00 and wrote $2800.00 and initialed. The resident signed however there was no date on the notice and the amount of her rate increase. The notice only informed the resident of the cost of the type of available.

The same notice as above was sent in an e mail received on at approximately 3:15 PM to the agency. However the letter had $2400.00 circled. 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 how much her rate increase would be.

Review of the ledger that was dated revealed the following:

For the resident had a positive balance of 446.00. For she had a balance of $140. In the resident received $1,101.00 from Social Security (SS), and $1,085.00 from Long Term Care (LTC). Her total payments were $2,186.00. Her rent was $1600.00 the amount due to the facility was $1740.00; leaving $446 owed to the resident for

For 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. Her rent was noted to be 2400. However there was no evidence that she received notice of a rate and increase and the rent should have been $1600.00 the amount due to the facility was $1600.00; leaving 551 owed to the resident for

For the resident received $1,101.00 from Social Security (SS), and $1,085.00 from Long Term Care (LTC). Her total payments were $2,186.00. Her rent was noted to be 2400. However there was no evidence that she received notice of a rate and increase and the rent should have been $1600.00 the amount due to the facility was $1600.00; Leaving 586 owed to the resident for

For and the resident received $1,101.00 from Social Security (SS) each month and $1,050.00 from Long Term Care (LTC) each. Her total payments were $2,151.00 for and Her rent was noted to be 2400. However there was no evidence that she received notice of a rate and increase and the rent should have been $1600.00. The amount due to the facility was $1600.00 each month; leaving $551.00 owed to the resident for and $551.00 for

Review of a check dated from the facility revealed the resident was refunded only

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$235.00. The refund should have been for $2,685.00.

During an interview with the Director on at approximately 1 PM, she stated the resident was informed of the rate increase when the new owners took over last year. She was moved to another the east wing that was more expensive and she was aware of the rate increase.

During an interview with resident #3 on at approximately 1:30 PM, she stated she did receive a refund for $235.00. She reviewed the letter with the rates on it that had her signature and stated she remembered signing the letter and could not remember the date. She stated it was recently. She further stated the facility staff told her the rates would not apply to her because she did not have that amount of money to pay. She stated she was not aware of a $2800.00 rate increase and she did not initial the letter next to the changed amount.

During a telephone interview with the administrator on at approximately 1:30 PM he stated that the facility did make all of the residents including resident #3 aware of the Rate Increase. He further stated resident #3 was made aware of the rate increase when she moved to the East Wing. He confirmed that there were still no dated documents to confirm when resident #3 was made aware.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014
, **2014 (Amended State Form)**

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

RE: Revisit to CCR#2014005503

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . . . . . 10, 2014, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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