STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966633	**01/14/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Purisima	**100 Sw 36 Avenue Coral Gables, FL 33135**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Revisit Repeat Tags:
0167-Resident Contracts-58a-5.025 Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A revisit of a Complaint Investigation survey CCR #2014007726 was conducted on 01/14/15. La Purisima ALF had deficiencies found at time of the survey.

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility still failed to honor its refund policy for 1 of 2 (Resident #2) sampled residents.

The findings included:

On / / at 12:15 she stated that; the facility sent a package with a payment agreement to the case manage. The mail was certified, and they received the certified document stated that they receive the package. The administrator also stated that she called, the case manager agency, and they rectified that they received the package; but up to now they have not pass by the facility picking up the first payment.

On at 12:20 PM, Requested a copy of the certified mail, and the agreement papers but the administrator and her son could not find it. They said that it did not really matter, because they had sent a copy of all the documentation to the previous surveyor, to the office.

On / / at 12:30 PM, during the interview, the administrator stated that they follow the instructions of the previous surveyor, and that they are tired of us coming to their facility so often, if they had provided already all the documentation.

On / / at 10:00 AM, a phone called was place to the administrator, based on supervisor request, to request a copy of the last three months bank statement. The administrator replied that; she was not going to send anything unless she could talk to my supervisor.

On / / at 11:45 AM, a phone call was place to the facility by two supervisors, the previous surveyor and myself, to request the bank statements. The administrator answer the phone, but she does not speak English, so she authorized her son to talk over the phone. Supervisor requested the bank statement for the last three months of the facility, and he stated that first, he had to talk to his accountant in order to fax the documents requested,

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because according to him it was a violation of privacy. When supervisor was explaining the reason why AHCA was requesting the documents, the person hang up the phone.

On at 11:50 AM, a few minutes later, the administrator called back and spoke to the surveyor, in Spanish, and stated that one of the reason why they did not want to provide the bank statements was because they were in negative, and that she did not want her facility to be closed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
La Purisima
100 Sw 36 Avenue
Coral Gables, FL 33135

Dear Administrator:

This letter reports the findings of a Second Standard Biennial Revisit Survey conducted on 14, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 1, 2015.

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 Kristal Branton, Health Facility Evaluator Supervisr at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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YOSF