RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Prestige Manor III
6333 SE Babb Road
Belleview, FL 34420

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative 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 , 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966716	02/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Prestige Manor Iii	6333 Se Babb Road Belleview, FL 34420	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-02/20/2015
0032-Resident Care - Elopement Standards-02/20/2015
0054-Medication - Records-02/20/2015
0056-Medication - Labeling And Orders-02/20/2015
0078-Staffing Standards - Staff-02/
0093-Food Service - Dietary Standards-
0162-Records - Resident-(
0165-Risk Mgmt & Qa; Adverse Incident Report-0(
Z815-Background Screening; Prohibited Offenses-(

0000-Initial Comments
An unannounced follow up survey was conducted at Prestige Manor III Assisted Living Facility in Belleview, Florida on 2015. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0167-Resident Contracts 58A-5.025 FAC

Based on interview and record review, the facility failed to have a refund policy which provides the resident or responsible party to an entitled prorated refund based on the daily rate for any unused portion of payment beyond the termination date of the contract for 3 of 3 sampled residents (Resident #13, #14 and #15).

Findings:

A review of Resident #13's record revealed a contract dated Further review of the contract revealed the refund policy stated, "If the resident or responsible party fails to give thirty (30) days notice then no refund will be issued." The contract is not contingent on the residents' date of termination.

A review of Resident #14 ' s record revealed a contract dated Further review of the contract revealed the refund policy stated, "If the resident or responsible party fails to give thirty (30) days notice then no refund will be issued." The contract is not contingent on the residents ' date of termination.

A review of Resident #15 ' s record revealed a contract dated Further review of the contract revealed the refund policy stated, "If the resident or responsible party fails to give thirty (30) days notice then no refund will be issued." The contract is not contingent on the residents ' date of termination.

An interview conducted on at 1:15 PM with the Business Office Manager revealed that the contract had not been changed. It still states that a 30 day written notice is required or there will be no refund. She stated that she did not understand the statute.
Class III