STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967685	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CARING HANDS ASSISTED LIVING II	13025 NW 2 AVENUE MIAMI, FL 33168	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint (CCR #2015001227) survey was conducted on . Caring Hands Assisted Living Facility II had the following deficiencies found at time of survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a record for one out of four sampled residents (#2) who had changes in behavior which resulted in hospitalization.

Findings included:

Record review revealed that the facility did not have observation notes for Resident #2 (admitted -) reporting any significant changes in appearance, behavior, or state of health to the health care provider, designated representative, a case manager.. On , resident #2 was by the local Police Department. There is no information in the resident's chart stating that any family member or case manager, guardian or surrogate had been notified of the incident as well as documentation of the resident ' s general behavior leading up to the event.

Phone interview with the Administrator on at 11:00 AM revealed that Resident #2 had been very aggressive towards the facility staff after he was caught stealing and using another residents' credit card. He reported when Resident #2 was questioned about the things he was accused of doing, Resident #2 became very threatening towards the staff member who is a female employee. The Administrator stated that Resident #2 pushed the female employee and became very violent and the local law enforcement had to be called. The Administrator confirmed this was not documented in the residents file.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview the administrator failed maintain accurate business records that identify. summarize, and classify funds received.

Findings included:

Record review revealed that the contract contract regarding resident #2 (admitted) was signed and dated on _ / by the resident's mother stated the rate for monthly services were $1800. Documentation provided by Resident #2 mother showed a wire transfer in the amount of $3600 to the administrator of the facility for two months.

Review of the facility's financial records for 2015, did not show record of receipt of payment for Resident

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#2 in the amount of $3,600 .

Interview with the Administrator on at 11:00 AM, the Administrator could not give an direct answer as to why resident #2's name was not added the month of 2015 financial sheet as well as why the $3600 wire transfer for Resident #2 had not been documented on the facility business records.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview facility failed to have an up to dated admission and discharge log.

Findings included:

Record review for on found Resident #2 (admitted /) was not listed on the facility's admission discharge log. Further review found a contract between the the facility and resident #2's representative confirming the resident residency in the facility. On the resident was and sent to the local hospital. This information was not noted on the facility's admission discharge log.

Interview with the administrator on at 11:00 AM did not have a reason as to why the resident was omitted from the facility's admission discharge log.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed ensure their refund policy was incompliance with Section 429.23 (3) F.S. as well as provide a refund for one out of four sampled residents (#2).

Findings included:

Record review of Resident #2's contract (dated /) showed the refund portion of the contract stated the following " The resident shall, in case of or discharge due to medical reason including mental health, the notice of termination requirement in the contract is waived and all refunds are prorated. Refund will be refunded by check within 60 working days (Monday thru Friday) provided the cancellation is executed accordingly to the terms of the Termination Residency. Monthly payments are for that month services if patient passes away in the middle of that month monthly payment for that month WILL NOT be prorated and refunded."

Further review of the facility's refund policy stated "The facility refund policy is implemented at time of a resident transfer, discharge, or . A refund of the advance payment for housing, food, and/or personal services will be

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Continued From page 2

given prorated on a daily. Refund due to the resident will be made within seven days of resident vacancy."

On Resident's #2's representative and the Administrator came to an agreement in which the facility will be paid $1800 a month for Resident #2's care and services. On / Resident #2 was admitted to the facility. On / a wire transfer was sent from the resident's representative to the Administrator in the amount of $3600 for two months. One , (12 days after admission) Resident #2 was and did not returned to the facility.

Interview on at 9:06 AM with Resident #2's representative confirmed she sent the wire transfer to the Administrator for the two months payment in the amount of $3600.00. She confirmed her son only stayed at the facility for 12 days until he was on . After being discharged from the hospital on , he did not returned to the facility. She stated she has yet to received a refund for her payment after numerous conversations with the Administrator

On at 9:19 am, the Administrator stated that he is not giving Resident #2 representative a refund. He stated in his contract it specifically stated he does not prorate and the agency can not make him give a prorated refund.

Under the Florida State 2011 Statutes Chapter 429.24 section 24 section(3);
The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or
The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date...The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident
Resident #2's representative is entitled to a refund of $2880 prorated after the $1800 monthly fee was prorated for the 12 days the resident was at the facility and the additional $1800 prepayment.

Interview with Resident #2's representative on at 1:02 PM, revealed she has not heard form the Administrator in regards to her refund, 59 days after Resident #2 was discharged.

Class: III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Caring Hands Assisted Living Ii
13025 Nw 2 Avenue
Miami, FL 33168

RE: CCR #2015001227

Dear Administrator:

This letter reports the findings of acomplaint survey that was conducted on , 2015 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 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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