Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLE
	AL11967892	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADKINSON RETIREMENT HOME	2050 58TH ST N CLEARWATER, FL 33760

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments Assisted Living Facility A revisit to a complaint survey, CCR# 2015000494, was conducted on . The Adkinson Retirement Home, assisted living facility, had a new deficiency at the time of the visit.	{A 000}		
A 125	429.27(2) FS; 58A-5.021(3) FAC Fiscal - Surety Bonds 429.27 (2) A facility, or an owner, administrator, employee, or representative thereof, may not act as the guardian, trustee, or conservator for any resident of the assisted living facility or any of such resident ' s property. An owner, administrator, or staff member, or representative thereof, may not act as a competent resident ' s payee for social security, veteran ' s, or railroad benefits without the consent of the resident. Any facility whose owner, administrator, or staff, or representative thereof, serves as representative payee for any resident of the facility shall file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for their account, which are received by a facility. Any facility whose owner, administrator, or staff, or a representative thereof, is granted power of attorney for any resident of the facility shall file a surety bond with the agency for each resident for whom such power of attorney is granted. The surety bond shall be in an amount equal to twice the average monthly income of the resident, plus the value of any resident ' s property under the control of the attorney in fact. The bond shall be executed by the facility as principal and a	A 125		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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ADKINSON RETIREMENT HOME	2050 58TH ST N CLEARWATER, FL 33760

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A 125	Continued From page 1	A 125		

licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with this section and shall run to the agency for the benefit of any resident who suffers a financial loss as a result of the misuse or misappropriation by a facility of funds held pursuant to this subsection. Any surety company that cancels or does not renew the bond of any licensee shall notify the agency in writing not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal. Any facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for any resident of the facility shall, on a monthly basis, be required to provide the resident a written statement of any transaction made on behalf of the resident pursuant to this subsection, and a copy of such statement given to the resident shall be retained in each resident ' s file and available for agency inspection.

58A-5.021
(3) SURETY BONDS. Pursuant to the requirements of Section 429.27(2), F.S.:
(a) For entities that own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entities.
(b) The following additional bonding requirements apply to facilities serving residents receiving

1. If serving as representative payee for a resident receiving , the minimum bond proceeds must equal twice the value of the resident ' s monthly aggregate income, which must include any supplemental security income or social security income plus the payments, including the personal needs allowance.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 125	Continued From page 2 2. If holding a power of attorney for a resident receiving , the minimum bond proceeds must equal twice the value of the resident ' s monthly aggregate income, which must include any supplemental security income or social security income; the payments, including the personal allowance; plus the value of any property belonging to a resident held at the facility. (c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to maintain a surety bond for 3 of 3 residents (Resident #2, Resident #6 and Resident #7), in which the facility is serving as direct payee for social security benefits. Findings include: 1- On at 11:30 AM, in an interview with the facility administrator and staff A, they stated that they were the direct payee on social security benefits for Resident #2, Resident #6 and Resident #7. 2- On at 11:30 AM, in an interview with the facility administrator and staff A, they provided a copy of the surety bond which they stated is current and active. 3- On in a record review of Resident #2 resident file, it was indicated that the facility is the direct payee for social security benefits for Resident #2. 4- On in a record review of Resident #6 resident file, it was indicated that the facility is the direct payee for social security benefits for	A 125		

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A 125	Continued From page 3 Resident #6. 5- On , in a record review of Resident #7 resident file, it was indicated that the facility is the direct payee for social security benefits for Resident #7. 6- In an interview on , at 12:50 PM with Resident #7, he confirmed that the facility is the direct payee for his social security check. 7- In an interview on , at 1:00 PM with Resident #6, he confirmed that the facility is the direct payee for his social security check. 8- In an interview on , at 1:05 PM with Resident #2, he confirmed that the facility is the direct payee for his social security check. 9- In an interview on , at 4:48 PM, the customer service representative for the providers insurance stated that the facility had allowed the surety bond policy to lapse on . Despite letters to the facility they have not heard from the facility administrator. 10- In an interview, by telephone, on , at 1:30 PM, staff A stated that the surety bond is current. Staff A stated that he would check with the insurance company and get back to AHCA. At the time of writing this citation the facility had not responded back to AHCA. Class III	A 125		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967892	A. Building B. Wing	4/9/2015

Name of Facility	Street Address, City, State, Zip Code
ADKINSON RETIREMENT HOME	2050 58TH ST N CLEARWATER, FL 33760

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix AZ809 Reg. # 59A-35.062(3)(e)&(7),408.8 LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date: 5/1/15	Signature of Surveyor:		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		Date:

Followup to Survey Completed on: 2/2/

Check for any Uncorrected Deficiencies. Was a Summary of Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

Dear Administrator:

This letter reports the findings of a state licensure revisit survey conducted on , 2015, by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the new deficiency that was identified on the day of the visit.

The deficiency 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul M Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (3020) Form & Revisit Report

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com