STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968837	**06/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TZURIEL ASSISTED LIVING FACILITY INC	**2710 NW 6TH ST CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

An initial Licensure survey was begun on [redacted] and completed on [redacted] for Tzuriel Assisted Living Facility, an Assisted Living Facility (ALF) in Cape Coral, Florida.

The following deficiency was identified during the survey:

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

Based on record review and interview, the facility contract did not include the purpose for any advanced payment, service to be provided to the residents and ancillary charges associated with provided services not covered under the base rate.

The findings included:

A review of the contract on [redacted] and [redacted] revealed on page 2, the facility "may collect a security deposit" and on page 3, the facility "may collect an advanced deposit of twice the amount of payment for a private or semi-private [redacted]." In neither instance did the contract include the purpose of either advance payment.

Further review of the contract on page 5 revealed the wording: "(The facility) will make provisions for the arrangement of social and leisure activities and courtesy transportation and arrangements of appointments to appropriate medical, dental, nursing or mental health services. Those services not included in the monthly rate, for which an additional charge may be made are as follows: Medication (co-payments), Adult Briefs, Transportation (outside of scope of medical emergency), Long Distance telephone service, Hospital Bills, Services from Third Party providers (contractors), Storage, other debts incurred during occupancy."

The facility did not delineate between which services were contracted directly with a third party provider and the resident and therefore not to be billed by or to the facility and those costs which the facility will provide for additional payment. The facility did not include the costs of additional services beyond the base rate which the facility will be billing if incurred.

Also on page 5 the contract states, "(The facility) will provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator." The contract does not state what services will be provided to the resident covered by the contract.

On [redacted] at 11:30 a.m., the Administrator verified the information was not in the contract and contacted the consultant firm who assisted her with the contract.

Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tzuriel Assisted Living Facility Inc
2710 Nw 6th St
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of an initial state licensure survey that was completed on , 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

for:
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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