STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911017	07/21/2015
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MARGATE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5600 LAKESIDE DRIVE NORTH** **MARGATE, FL 33063**	

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

0000 Initial Comments

An unannounced licensure compliant survey, CCR#2015005930, was conducted on 7/22/15) at Brookdale Margate. The facility had a deficiency identified at the time of the survey.

0006 Licensure - Rebates Prohibited: Penalties

Based on record review and interview, the facility failed to ensure that any fees paid to referral service were not for placement of Medicaid recipients. The facility paid referral fees for two sampled residents (Residents #1 and 2) who were Medicaid recipients and also paid rebates to Resident #1 and Resident #2.

Findings:

A review of demographic face sheets in the resident records revealed that Residents #1 was referred to the facility by Placement Agency A and Resident #2 was referred by Placement Agency B.

A Review of Resident/Medicaid Recipient #1 ' s (Referred by Placement Agency A) and Resident/Medicaid Recipient #2 ' s (Referred by Placement Agency B) records confirmed the residents were on Medicaid and that each resident was assigned to a specific Medicaid Managed Care Plan at the time of admission to the facility.

On at 11:35 a.m., an interview with Resident/Medicaid Recipient #2 ' s daughter revealed that the facility ' s Business Manager offered her mother an incentive of $25 off the rent every month up to $500 a year. She stated that she has never seen the incentive taken off the bill since 2015 when her mother moved in. She stated that she had spoken with the Business Office Manager recently and he had assured her the incentive would be given. She stated that since the Plan representatives that the Business Office Manager told her about are at the facility more frequently, she wanted to switch her mother to that Plan. She stated that the Business Office Manger indicated that the "new " company did not care about the incentive.

On at 1:35 PM during an interview, Resident/Medicaid Recipient #2 ' s son stated that the Business Office Manager had discussed with them verbally, the incentive of a board rate reduced by $25 a month. He stated that because his mother currently has one specific Plan ' s coverage, the incentive cannot be given. He stated that the Business Office Manager had informed him that if his mother switches to a different Plan, "they do not care about the incentive" and the total incentive would be applied retroactively and moving forward as discussed.

On / at 12:05 p.m., Resident/Medicaid Recipient #1 ' s son stated that they were offered a discount of around $700/month for 10 months at move in.

A review of Resident/Medicaid Recipient #1 ' s Addendum to the Residency Agreement dated revealed that resident ' s rent would be reduced by a $750 ' incentive ' from , 2015 through , 2015.

A review of Resident/Medicaid Recipient #2's financial contract dated / / revealed that the

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resident was offered an incentive of $1000 off the first month ' s Basic Service Rate, and then $25 /month up to $500 per year for 2 years, as incentive to move into building.
On at 11:30am, the Business Office Manager stated that he does offer incentive programs to new residents, based on company promotions. He stated that had offered a move -in incentive to Resident/Medicaid Recipient #2 ' s family, and knew she was on Medicaid. He stated that he inputs the financial information into the corporate computer program and corporate accounting will review and bill accordingly. He stated that he has no responsibility with the billing process. He stated that he was aware by phone calls and emails from the resident ' s family that the incentive had not been provided as of yet but had reassured the family the incentive would be accepted when the resident had been switched from one Plan to the other. He stated that residents in the Plan Resident/Medicaid Recipient #2 belonged to are not allowed to receive the move- in incentive but that for those in the Plan he had recommended, it was not an issue.
A reviewed of the facility ' s expense ledger for - 2015 revealed a payment of $2,500 was made to Placement Agency A for Resident/Medicaid Recipient #1 on . A payment of $1,529.50 was made to Placement Agency B for Resident/Medicaid Recipient #2 on .
A review of rent ledgers for Resident #1 ' s rent ledger revealed:
/ / - Long term incentive credited- $750
/ - Short term incentive credited- $343.90
/ - Long term incentive credited-$750
/ - Long term incentive credited- $750
- Long term incentive credited-$750
- Long term incentive of $750 charged to resident three times.
Net incentive to client as of survey date was $1093.90

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Margate
5600 Lakeside Drive North
Margate, FL 33063

RE: CCR #2015005930

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 by a representative from 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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