STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942934	07/21/2015
NAME OF PROVIDER OR SUPPLIER **GRAND COURT ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **295 SW 4TH AVENUE** **POMPANO BEACH, FL 33060**	

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

0000 Initial Comments

An unannounced complaint inspection, CCR#2015005926, was conducted on 7-21-15 at Grand Court Assisted Living Facility. The facility had a deficiency identified at the time of this inspection.

0006 Licensure - Rebates Prohibited: Penalties

Based on record review and interview, the facility failed to follow the rebates regulation by having engaged in paying for referral services of 3 out of 4 residents (residents # 2, 3 and 4), which led to the residents being admitted to the facility.

The findings are:

In an interview with the business office manager on at 1:10pm, he stated that the facility paid {name of the placement agency} after the admission of residents # 2, 3 and 4 to the facility. He stated that the invoices for the payments of this vendor's services were processed by the facility's corporate office.

Review of resident 2's record indicated that she was admitted on and she was a Medicaid recipient upon admission. Review of the facility invoice dated on indicated that the facility paid {name of the placement agency} $2300.00 for services related to the referral of resident #2's admission to the facility.

Review of resident 3's record indicated that he was admitted on and he was a Medicaid recipient upon admission. Review of the facility invoice dated on indicated that the facility paid {name of the placement agency} $2000.00 for services related to the referral of resident #3's admission to the facility.

Review of resident #4 's record indicated that she was admitted on and she was a Medicaid recipient upon admission. Review of the facility invoice dated on indicated that the facility paid {name of the placement agency} $1950.00 for services related to the referral of resident #4's admission to the facility.

In an interview with the administrator on at 12:55pm, she stated that {name of the placement agency} was a referral services entity and that the facility paid for referral services of residents without taking specific consideration of a resident's payor source.

In an interview with the administrator on at 2:45pm, she stated that residents #2, 3 and 4 were

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all Medicaid recipients at the time which they were admitted to the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grand Court ALF
295 SW 4th Avenue
Pompano Beach, FL 33060

RE: CCR #2015005926

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 21, 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 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
Enclosure
XG90

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