RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Henderson House
907 East Orange Avenue
Eustis, FL 32726

RE: CCR #2015004804

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932557	08/20/2015
NAME OF PROVIDER OR SUPPLIER **HENDERSON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 E. ORANGE AVENUE** **EUSTIS, FL 32726**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR#2015004804, was conducted on , 2015 at Henderson House, 907 E. Orange Avenue, Eustis, FL. The facility was not in compliance at the time of the survey visit.

0167 Resident Contracts

Based on interview and record review, the facility failed to ensure that 1 of 3 residents (Resident #3) was provided a prorated refund within 45 days of the resident's discharge date.

Findings:

An interview was conducted on , 2015 at 8:01 AM with relative of Resident #3. She stated she never got a refund from the facility, regarding her cousin, Resident #3. She stated Resident #3 was discharged on , she did not get a refund for / through .

Review of the facility's Admission/Discharge Log for 2015 showed Resident #3's discharge date as .

Review of Resident #3 ' s facility record showed an admission date of / , and discharge date of .

An interview was conducted on , 2015 at 11:20 AM with the facility owner. She stated Resident #3 was , he did not give a 30 day notice, so no refund was given to him because he did not give a 30 day notice.

Review of facility resident contract, which included refund policy, which included Rent is due from date of this agreement or the date the resident was admitted to the facility through and including the later of: The date on which all of the resident's personal belongings are removed from the premises. Review of Resident #3's contract showed signature date of .

An interview was conducted on , 2015 at 2:48 PM with the facility owner. She stated Resident #3's discharge date was .

An interview was conducted on , 2015 at 2:55 PM with the facility owner. She stated when Resident #3 was on , his belongings were left at the facility. She stated the niece did come a couple of days later and picked up his belongings. She stated Resident #3's monthly rent was

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$733.

Class III