| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966524 | 09/17/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**PROVISION LIVING AT PANAMA CITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6012 MAGNOLIA BEACH ROAD**<br>**PANAMA CITY, FL 32408** | |

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

**0000 Initial Comments**

An unannounced complaint survey was conducted at Provision Living at Panama City Beach on to review CCR 2015009043. Deficient practice was identified during the survey.

**0167 Resident Contracts**

Based on record review and staff interview the facility failed to ensure resident refunds were provided within 45 days of discharge in accordance with F.S. 429.24(3) for 1 of 4 sampled residents (#1), failed to include the refund policy in the resident contract for 2 of 4 sampled residents (#1 and 2), failed to provide written notification to the resident or responsible party of a change in rate as stated in the contract for 1 of 4 sampled residents (#2) and failed to establish a new contract when one of the parties in the contract expired for 1 of 4 sampled residents (#2).

The findings include:

Review of resident #1's closed record was conducted on . The admission/discharge log revealed the resident was discharged to another Assisted Living Facility on / . The record revealed a contract between the facility and the resident dated and signed by both parties on / . The contract did not contain the facility refund policy and this was confirmed by the Administrator. Review of resident #1's final account statement revealed her discharge date to be / and showed the resident was due a refund of $173.50 for a 10 day credit for personal care. The facility provided a resident refund request for $173.50 dated . A refund check dated for the amount of $173.50 was sent to the payee. The refund was provided 59 days after the resident discharged from the facility. An interview was conducted with the Administrator on at approximately 10:24 AM. The Administrator stated the facility had changed billing companies during that time and it may have caused the delay in refund payment.

Review of resident #2's closed record was also conducted on . The admission/discharge log revealed resident #2 was discharged to another Assisted Living Facility on . The record revealed a contract between the facility and the responsible party for the care of the resident and her husband dated and signed by both parties on . The contract with the facility dated was for resident #2 and 4 together. The contract stated the monthly service fee for resident #2 and 4 was $5,175 per month with an additional charge for $600.00 per month for each resident's personal services. Resident #4 (resident #2's husband) was discharged from the facility on / and on . The facility did not complete a new contract or addendum for resident #2 after the of her husband. On at approximately 12:15 PM the Administrator reported the family of resident #2 had requested she not have a placed with her in the her husband had

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SUMMARY STATEMENT OF DEFICIENCIES
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. The Administrator was unable to provide any documented evidence of this. Review of resident #2's financial records was conducted on . The record revealed the resident was charged and the facility was paid $4885.00 per month for the months of 2013- 2014. The Administrator stated this was the charge for a double occupancy . Resident #2 had a placed in 2014. In 2014 until the resident was discharged in 2015 resident #2 was charged for a single occupancy at a rate of $3475.00 per month. The total of the 9 months the resident was charged for a double occupancy of a single occupancy equaled $12,690. This contract also did not contain the facility refund policy and this was confirmed by the Administrator. Further interview with the Administrator was conducted at approximately 12:34 PM. The Administrator confirmed the facility failed to notify resident #2 or the responsible party when the monthly rate changed in 2014. Page 4-section G. of the contract stated the community may raise, lower, or modify the service fee rates and other ancillary charges. Such changes shall be effective no sooner than 45 days after the resident is provided written notification thereof.

An telephone interview was conducted with resident #2's Durable Power of Attorney on at approximately 12:51 PM. He stated he had never requested resident #2 not have a after her husband and wanted her to have a to save money.

The facility policy for Termination of Residency Due to Level of Care Change was reviewed on and stated when a resident moves from the facility, all accounts will be settled with the resident within 45 days of vacating the apartment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

**RE: CCR #2015009043**

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on [redacted], 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 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 me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure
XG90

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