STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910722	**09/10/2015**
NAME OF PROVIDER OR SUPPLIER **LAUDERHILL MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2801 NW 55TH AVENUE LAUDERHILL, FL 33313**	

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

0000 Initial Comments

Unannounced Licensure complaint surveys (CCR #2015004786, CCR #2015006759, & CCR #2015007568) were conducted on 09/09/2015 through / / at Lauderhill Manor. The facility had deficiencies found at the time of the visit.

The above survey was conducted in conjunction with the Relicensure survey. Please refer to separate report for findings.

0167 Resident Contracts

Based on record review and interview the facility failed to provide a refund within 45 days of discharge for 1 of 3 (Resident #3) residents discharged from the facility.

The findings include:

A review of Resident #26's record revealed that he was admitted to the facility on / / and discharged on . A review of Resident #26's facility record revealed a contract dated / / , Section V - Termination of This Agreement- A. By You, States " You may terminate this Agreement at any time, with or without cause, by giving thirty (30) days written notice to the ALF through the ALF ' s Administrator. Your notice must identify the date when the termination is to become effective, which date must be at least 30 (30) days after the date of the notice " Section VI Vacating Refund Policy- " If your vacated and all your property has been removed prior to the end of the rental month, You or your estate will be entitled to a refund, which will be paid within 45 days, of the unused portion of your monthly fee payment already paid, on a pro-rata basis, less the cost of moving, storage, and repairs or replacement that the ALF is entitled to charge you or your estate under this section and section X above. "

A review of Resident #26's facility record revealed a letter given to the facility by the resident dated , stating "This letter will serve as my 30 day notice to vacate out of Lauderhill Manor. My last day as a resident will be , 2015." A review of Resident #26's facility record revealed a progress notes dated at 10:00 AM that read, "Resident took all his personal belongings, checkbook and medication, he brought help to help him move his furniture and personal belongings."

In an interview conducted on at 3:26 PM with the Administrator, he provided a copy of a check issued by the facility on to Resident #26. He was questioned, as to why it took more than 90 days to provide the refund. He stated that they had previously issued a check, but the resident came into the facility and stated that he never received the check and they reissued the check. On at 3:40

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PM, he was asked to provide a copy of original check issued.

On 9/10/15 at 10:00 AM the Administrator was asked again for the copy of the original check issued to Resident #26 and he stated that they did not have that to provide. A review of the check provided to Resident #26 revealed that the check was dated / in the amount of 917.00 , 113 days after discharge.

In an interview conducted on at 9:46 AM with Resident #26, he stated that he finally did receive his refund check, but that it was more than 90 days after he was discharged from the facility. He received the check at the end of 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Administrator
Lauderhill Manor
2801 NW 55th Avenue
Lauderhill, FL 33313

RE: CCR #2015005977, CCR #2015006759 and CCR #2015007568

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on , 2015 and , 2015 by representatives 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 22, 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 representatives. 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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