STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943004	11/16/2015
NAME OF PROVIDER OR SUPPLIER **COX ADULT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 Oscar Cox Trail** **PLANT CITY, FL 33567**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2015009203) was conducted at Cox Adult Living Facility on / . Cox Adult Living Facility had deficiencies identified at the time of the investigation.

0123 Fiscal - Resident Trust Funds

Based on record review and interview, the facility had not been maintaining complete and accurate records of all funds received and disbursed with respect to one of six residents sampled (#8). Findings include:

A review of the facility's log found a binder containing ongoing documentation verifying that the recipients living in the facility had been receiving their personal monies--with both the staff member's and resident's initials signed off each month. However, the log revealed that only five (5) of the current clients were being addressed; the sixth resident was not listed. Interview with the owner indicated that this resident, #8, had been admitted to the facility , and for unexplained reasons, never had a "proper case initiated by the case manager. Therefore, the resident apparently never received a separate personal funds check; according to the owner, she had been paying the resident this monthly stipend out of the monthly /board bill. Nonetheless, these payments had never been documented, and the owner indicated that she was aware.

Class III

0167 Resident Contracts

Based on record review and interview, one of two former residents sampled (#10) did not have a contract. Findings include:

A review of resident records during the / investigation found that Resident #10, who was admitted to the facility and discharged , had no official residency agreement available for inspection. Interview with the administrator at approximately 1pm on / revealed that "this resident was originally only going to be staying at the facility temporarily until a more permanent alternative could be found by the case manager. Therefore, no official contract was ever signed."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cox Adult Living Facility
1906 Oscar Cox Trail
Plant City, FL 33567

RE: CCR #2015009203

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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 , 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(s). Should you have any questions please call **Paul Brown**, HFES at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida