STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
		R
	AL11966524	**11/17/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVISION LIVING AT PANAMA CITY	**6012 MAGNOLIA BEACH ROAD PANAMA CITY, FL 32408**

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

0000 Initial Comments

An unannounced revisit survey was conducted at Provision Living at Panama City Beach Assisted Living Facility on . 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 (#7) and failed to include the refund policy in the resident contract for 3 of 3 sampled residents (#4, 5 and 6).

The findings include:

Review of resident #7's closed record was also conducted on during the previous complaint survey. The admission/discharge log revealed resident #7 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 #7 and her spouse. The contract stated the monthly service fee for resident #7 and her spouse was $5,175 per month with an additional charge for $600.00 per month for each resident's personal services. Resident #7's spouse was discharged from the facility on and on . The facility did not complete a new contract or addendum for resident #7 after the of her husband. On at approximately 12:15 PM the Administrator reported the family of resident #7 had requested she not have a placed with her in the her husband had . The Administrator was unable to provide any documented evidence of this. Review of resident #7'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 #7 had a placed in 2014. In 2014 until the resident was discharged in 2015 resident #7 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.

An telephone interview was conducted with resident #7's Durable Power of Attorney on at approximately 12:51 PM. He stated he had never requested resident #7 not have a after her husband and wanted her to have a to save money.

An interview was conducted with the facility Administrator on at approximately 10:25 AM. He stated the facility lawyers were still working on the case of resident #7 and to his knowledge the resident

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nor responsible party were provided any refund after the previous survey. He stated the issue was out of his hands and he forwards all information to his corporate office.

Review of resident #4, 5 and 6 contracts was conducted on / /. Resident #4 was admitted to the facility on / / and currently resided in the facility. The contract between the facility and resident #4 or responsible party dated did not include the facility refund policy. Resident #5 was admitted to the facility on and currently resided in the facility. The contract between the facility and resident #5 or responsible party dated did not include the facility refund policy. Resident #6 was admitted to the facility on and currently resided in the facility. The contract between the facility and resident #6 or responsible party dated / did not include the facility refund policy.

An interview was conducted with the Administrator on / at approximately 11:19 AM. The Administrator confirmed the refund policy is not included in the resident contracts. He stated the company is rewriting the contract to include the refund policy and their target date is / /. He stated he is not allowed to write contracts or addendums to contracts. He stated this would include an addendum for existing contracts. The Administrator also confirmed the resident handbook does not contain the refund policy.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 850-412-4540.

Sincerely,

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

DH/kc
Enclosure

BBT7

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