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

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 complaint survey (CCR# 2015009043) 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)

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.

A 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 neither the

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SUMMARY STATEMENT OF DEFICIENCIES
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resident 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.

An interview was conducted with the facility Administrator on / / at approximately 9:32 AM. The Administrator stated the corporate office had a conference call with resident #7's nephews on . He stated one nephew was going to obtain more information and then was supposed to contact the corporate office again. He stated as of now the facility has not paid any money to resident #7 or her family. He had no further information.

A telephone interview was conducted with Accounts Payable from the facility's corporate office on / / at approximately 9:50 AM. The Accounts Payable employee confirmed no monies had been paid in regards to a refund to resident #7 or her family.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Provision Living at Panama City LLC
6012 Magnolia Beach Road
Panama City, FL 32408

RE: CCR# 2015009043

Attention: John Gainous, Administrator

Dear Mr. Gainous,

This letter reports findings of a second State Licensure Revisit Survey of a complaint investigation conducted on 12/31/2015 by a representative of the Agency for Health Care Administration. You are directed to comply with the tangible steps outlined below in order to correct the deficient practices. Attached are the deficiencies noted in the investigation.

The investigation resulted in findings of noncompliance with the following area:

A 0167 – Resident Contracts– Class III – Uncorrected - Your Assisted Living Facility failed to conform to a refund policy for residents as outlined in 429.24(3) FS and failed to refund monies due residents within 45 days of termination of residency at the facility.

Your facility must comply with the following:

1) Your facility must provide refunds due any former residents of the facility **by , 2016**. This includes units vacated more than 45 days ago and those that will reach 45 days by , 2016. Documentation of disbursement of the refunds must be maintained at the facility and available for review by the Agency upon request.

2) Your facility must create a policy and procedure to ensure all resident contracts contain a refund policy in compliance with 429.24(3) FS and that your facility is able to comply with the statute and process and disburse refunds within the

required timeframes. At a minimum, this policy must include who will notify the necessary parties of a resident's move, who will follow up on any claims or issues regarding outstanding refunds and who will audit resident accounts to ensure refunds are disbursed. **This must be completed no later than , 2016.**

Please be advised that nothing in this Directed Plan Of Correction limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact me at 850-412-4540 or Laura Manville, Assisted Living Enforcement Team Manager at 727-552-1955.

Sincerely,

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

DH/kb
D7JR

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