RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Oakbridge Terrace At Azalea Trace
10100 Hillview Road
Pensacola, FL 32514

RE: CCR #2016000953

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 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 , 2016.** 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/kb

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964649	03/10/2016
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE AT AZALEA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10100 HILLVIEW ROAD** **PENSACOLA, FL 32514**	

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

0000 Initial Comments

CCR# 2016000953 was investigated on at Oakbridge Terrace Assisted Living Facility. The allegation was substantiated and deficient practice was cited.

0167 Resident Contracts

Based on family interview, staff interview and record review, the facility failed to include in the Contract Agreement an accurate refund policy for 3 of 3 sampled residents (#1,2, 3).

The findings are:

Resident #1

Record review found resident #1 was admitted / and expired . The contract indicated under XII Reimbursement of Entrance Fee such refund amount shall be paid within 120 days after . A refund check was sent to the family on / / in the amount of $1,637.92.

Resident #2

Record review found Resident #2 was admitted and expired . The contract indicated under XII Reimbursement of Entrance Fee such refund amount shall be paid within 120 days after . A refund check was sent to the family on / in the amount of $605.97.

Resident #3

Review of record indicated Resident #3 was admitted / and expired . The contract indicated under XII Reimbursement of Entrance Fee such refund amount shall be paid within 120 days after . A refund check was sent to the family on / in the amount of $1,359.52.

Interview with the business office manager on at 11:41 am indicated she sent a request for refund to the cooperate office for all three residents months after they expired. Review of request confirmed this.

Interview with administrator on at 11:45 am indicated the contract is the contract the residents sign when they pay into the Life Program for Retirement housing/ apartments then progresses to the ALF (Assisted Living Facility) and then to SNF (Skilled Nursing Facility). The refund mentioned in the agreement is for the refund from the Buy- In which is to be refunded with-in 120 days after . The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964649	**03/10/2016**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE AT AZALEA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10100 HILLVIEW ROAD** **PENSACOLA, FL 32514**	

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

contract lacked the refund policy that must conform to Section 429.24 (3), F. S: The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18.