RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Grandview
1706 Olive Road
Pensacola, FL 32514-7553

RE: CCR #2016002397

Dear Administrator:

This letter reports the findings of a 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,

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

DH/kc
Enclosure

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
	AL11932670	**04/28/2016**
NAME OF PROVIDER OR SUPPLIER **GRANDVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **1706 OLIVE ROAD PENSACOLA, FL 32514**	

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

0000 Initial Comments

An unannounced complaint survey was conducted at Grandview Assisted Living Facility on for allegations contained within CCR # 2016002367. Deficient practice was identified at the time of the visit.

0167 Resident Contracts

Based on review of facility's contract and staff interview the facility did not provide refunds within 45 days to 4 of 5 resident (#1, 2, 3 and 4) following discharge.

The findings are:

Facility's refund policy indicates the facility will make a prorated refund within 45 days of the residents vacating the the following conditions are met:
1. If the resident has expired and the been vacated all property and funds will be turned over to representative
2. The facility has requested discharge
3. The facility has received a 30 day written notice of intent to vacate
4. Notice of termination is wavered in the event of or a resident's inability to return to the facility due to health issues beyond the facility's license.

Resident #1 contract indicated rent is due on the 20 th of the month. This resident was discharged on . There has been no refund check provided to the responsible party as of .

Resident #2's contract indicated the rent is due on the 6 th of each month. The resident was discharged on . There has been no refund check provided to the responsible party as of .

Resident #3's contract indicated the rent is due the 24 th of each month and was discharged on . There has been no refund check provided to the responsible party as of .
Interview with the Administrator indicated they are currently working on this refund. There was missed communication between change of administrator and the facility was not aware the refund was not sent until family inquired about the refund.

Resident #4's contract indicated the rent is due on the 6 th of each month. The resident was discharged on / . There has been no refund check provided to the responsible party as of .

Class III

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