STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	04/13/2016
NAME OF PROVIDER OR SUPPLIER **BROADVIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 Fleischmann Road** **TALLAHASSEE, FL 32308**	

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

0000 Initial Comments

On , , 2016 through , 2016 an unannounced complaint survey (CCR 20016000489, 2016001924, 2016003431) was conducted at Broadview Assisted Living Facility in conjunction with an ECC Monitoring. Deficiencies were identified at the time of the survey.

0162 Records - Resident

Based on staff interview the facility failed to retain closed records for discharged residents for 2 of 3 discharged residents. (#4, #5)
The findings:
On at approximately 10:15 a.m. closed medical records for residents #4, 5, and 6 were requested. At approximately 3:45 p.m. a second request for the closed medical records was made at which time the Administrator provided the closed record for resident #6 and reported that she was unable to find the closed records for residents #4 and #5.
On / at approximately an interview was conducted with the Administrator regarding the closed records for residents #4 and #5. The Administrator stated, "We have looked all over and we just cannot find their closed charts. All I have is their business file. I am new and still trying to get things together here, I can only do what I can do. It's a big mess and I'm working now to get everything straightened out."
Review of statute 58A-5.024 (3)(q) indicates: except for resident contracts, which much be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time ...

0167 Resident Contracts

Based on review of resident business files, discharge documents, accounting correspondence, and staff interview the facility failed to issue a refund within 45 days of discharge to 3 of 3 sampled residents. (#4, 5, 6)
The Findings:
On / business files for residents #4, 5, and 6 were reviewed for the purpose of determining if residents were refunded monies within 45 days of discharge from the facility. Review of the move-out report indicated resident #4 was discharged from the facility on /, resident #5 was discharged on / , and resident #6 was discharged on . The Administrator provided a document from the accounting supervisor which indicated resident #4 was refunded $1916.44 on , 107 days after discharge; resident #5 was refunded $4975.80 on / , 150 days after discharge; and resident #6 was refunded $1133.66 on / / , 165 days after discharge.
On , 2016 a policy titled-Article Miscellaneous Provisions; refunds upon termination 4.1.3 was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**04/13/2016**
NAME OF PROVIDER OR SUPPLIER **BROADVIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 Fleischmann Road TALLAHASSEE, FL 32308**	

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

reviewed and indicated: In the event of the resident's , and after the been cleared of all personal belongings, all monthly charges which were paid in advance and not otherwise incurred shall be refunded within forty-five days of the cleared of personal belongings.
On , 2016 at approximately 10:37 a.m. an interview was conducted with the Administrator regarding the process of refunding discharged residents. The Administrator reported, " On my end, when a resident is discharged we close the resident out in the computer and we send the information to our corporate office. It is the regulation that once a resident is discharged they are to be refunded in 45 days. The final move out date is reflected on the Move-out report". When asked why the residents ' refunds were not within the 45 days outlined in the regulation and the facility's policy she reported, " I do not know."

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

RE: ECC Monitoring Plus Complaint Numbers 2016000489, 2016001924, 2016003431

Dear Administrator:

This letter reports the findings of a state licensure 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 Helberg
Field Office Manager

DH/dh
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