STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	08/04/2016
NAME OF PROVIDER OR SUPPLIER **AM GRAND COURT LAKES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 SIERRA DRIVE** **NORTH MIAMI BEACH, FL 33179**	

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

0000 Initial Comments

A Complaint Investigation Survey CCR#2016005901 and CCR#2016005435 was conducted on ended on . AM Grand Court Lakes, LLC with a Standard license #8390 had the following deficiency found at the time of the survey, with additional concerns being cited under the biennial and revisit surveys:

0167 Resident Contracts

Based on record review and interview the facility failed to honor its refund policy for 2 out of 11(Resident #7, #8) sampled residents.

Findings included:

On at 4:00 PM Resident#8 stated during a phone interview that she was admitted to the facility . She stated that she was discharged to the hospital on with false information that she was having some issues going to the some in her stool. When she was discharged from the hospital to the facility on , they did not accept her back in the facility, and she had to find another place to stay. The facility never gave the resident a refund.

On at 12:00 PM in an interview with Staff D, she stated that they did not give a refund to the resident #8) because they had to keep her belongings for a whole month, thus they charge her the whole month.

Record review showed that Resident wrote the rent check the same day that she was discharged to the hospital on . (Pictures)

On at 12:22 PM a phone interview was conducted with the brother of Resident #8 and he stated that since his sister was discharged from the hospital to the facility to go to the hospital, the problems started. When his sister arrived back at the facility, they did not accept her. The following day he went to the facility to get her belongings and they told him that they could not give them to him because they did not have the keys to open the door of Resident #8's . The second and third times that he went to the facility, they told him the same story. On the third time, he told them that he was going to call the police, and that is when they told him that they found the key for the that he could take her belongings.

Record review showed that resident Resident #7 was admitted to the facility on / and was discharge on . Further record review showed that the resident was charged for the whole

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month.

On at approximately 12:30 pm, Staff D stated that they charge this resident the whole month because the daughter agreed to this.

When Staff D produced an e-mail as documentation of the agreement that the facility could keep Resident #7's money, the email stated " I will return the gate remote control and request my $100.00 deposit to be returned at the time as well as the prorated monthly charge that is not used " .

On at approximately 1:00 pm, during an interview with the Administrator and Staff D, they both stated that they were going to try and get the refund to these residents as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Am Grand Court Lakes, Llc
280 Sierra Drive
North Miami Beach, FL 33179

RE: CCR #2016005901

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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