STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	09/19/2016
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **558 N. SEMORAN BLVD.** **WINTER PARK, FL 32792**	

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

0000 Initial Comments

Complaint Investigation (CCR2016006802) was conducted at Westchester of Winter Park Assisted Living Facility License Number 7289 on in conjunction with a biennial re-licensure survey including Limited Nursing Services. Westchester of Winter Park Assisted Living Facility had deficiencies at the time of the investigation.

0167 Resident Contracts

Based on resident contract review and interview the facility did not honor the resident contract by providing a refund within 45 days after 1 of 4 sampled residents was discharged from the facility (#3) and did not ensure accuracy of the information contained in the contract regarding continued residency for 1 of 4 sampled residents (2) by following 58A-5.0181(4)(a) FAC, that a resident may be bedridden for up to 7 consecutive days.
Findings:

1. Record review for Resident #3 revealed he received a notice of discharge from the facility that was dated . . I/ . . . He moved from the facility on . . I/ . . / . . Review of his contract dated revealed it listed the amount he was required to pay. The resident's contract noted the following;
I Board refund,
A refund of advance payments for I board, level of care and personal services will be prorated based on a daily rate, if you transfer to a nursing home, die, must permanently vacate the facility because you require relocation due to medical or . . reasons that require care which is outside the scope of services that the facility is licensed to provide, or in case of facility closure or transfer ownership.
The facility will send and itemized list of any cost actually incurred and/or damages, to the facility and/or apartment as well as any refunds due after deductions for such cost or damages, within forty-five (45) days to you, or your responsible party, at your last known address, or the address provided upon move out.
On . . . I/ . . at 3 PM, the business office manager reviewed Resident #3's account ledger and confirmed there was a payment made by the resident's representative for . I/ . . and the resident was due a refund from . I/ . . through . I/ . . and it was not provided to him or his representative.
Further review of the business office record revealed there was a letter to the representative that was dated . . . . that noted:
Enclosed please find a refund for Westchester of Winter Park for the above referenced account (there was no amount listed). The letter was signed by the previous Receptionist/Assistant Business Office manager. Further review revealed a sheet called Resident refund request, the amount on the document

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942716	**09/19/2016**
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **558 N. SEMORAN BLVD.** **WINTER PARK, FL 32792**	

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

noted an amount of the refund.
On at 4:45 PM the previous Receptionist/Assistant Business Office manager said she use to work in the business office and the resident was due a refund. She tried to complete the refund and had everything ready to go out. When she tried to do the refund it was no longer in the computer. She said she asked for her help and no one could help. She confirmed the refund was not provided to Resident #3 or his representative.
2. Record review for resident #2 revealed a signed contract dated . The contract read bed care for temporary illness cannot exceed seven (7) days unless a statement is received from the physician stating that you do not need hospital or nursing home care, you may be maintained in this facility without jeopardizing your health and that your care needs do not exceed that which the facility is licensed to provide.
On at 4:10 PM, the administrator confirmed the finding and said the contract needed to be reworded.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Westchester Of Winter Park
558 N. Semoran Blvd.
Winter Park, FL 32792

RE: CCR #2016006802

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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 2, 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com