RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Rosewood Manor Of Vero Beach,
3710 14th Street
Vero Beach, FL 32960

RE: CCR #2016009748

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965311	10/17/2016
NAME OF PROVIDER OR SUPPLIER **ROSEWOOD MANOR OF VERO BEACH,**	STREET ADDRESS, CITY, STATE, ZIP CODE **3710 14 TH STREET** **VERO BEACH, FL 32960**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016009748, was conducted on / at Rosewood Manor of Vero Beach (License #9722). The facility had a deficiency at the time of the investigation.

0167 Resident Contracts

Based on interview and record review, it was determined the facility failed to provide a refund in accordance with Section 429.24, for 1 of 3 sampled residents records reviewed (Resident #2).

The Findings included:

During interview and review of Resident #2 record conducted with the Administrator, on / beginning at approximately 10:50 AM, she was asked when this resident was discharged from the facility. The Administrator stated this resident was discharged to the hospital on / . She stated that the family moved her belongings out of her . Review of Resident #2 ' s ledger indicated $1300.00 was paid for the month of 2016. The Administrator acknowledged that this resident should have been refunded the pro-rated amount for 6 days ($260.00). She stated the family had requested a 10-day refund and due to this discrepancy she believed a refund had not been issued. She stated she would check with the Owner. She verified with the Owner that a refund had not been provided to this resident/representative as of the date of this inspection on at 11:10 AM (via text to Administrator). Review of Resident #2 ' s contract with the facility, dated and signed by this resident ' s Power of Attorney, indicated in the refunds section "you will be entitled to a prorated refund based on the daily rate for any portion of your payment beyond the date that the vacated and cleared of all of your personal belongings. Your refund will be paid within 45 days from the date we received your written notice of termination. However, in no case will your refund be paid before your vacated." The Administrator acknowledged that it had been more than 45 days since all personal belongings had been removed from Resident #2 ' s ( ).

Class III