| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953671 | R<br>11/03/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AM GRAND COURT LAKES, LLC** | **280 SIERRA DRIVE**<br>**NORTH MIAMI BEACH, FL 33179** |

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

**0000 Initial Comments**

A Complaint Investigation Revisit Survey CCR#2016005901 and CCR#2016005435 was conducted on 10/28/16 to 11/03/16. AM Grand Court Lakes, LLC with a Standard license #8390 had the following deficiency found at the time of the survey:

**0167 Resident Contracts**

Based on record review and interview the facility failed to honor its refund policy for 2 out of 11 sampled residents (Resident #7, #8).
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 charged her for the whole month.
Record review showed that Resident #8 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 month.
On at approximately 12:30 pm, Staff D stated that they charged this resident for the whole month because the daughter agreed to this.
Record review showed that 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. "

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

On 10/29/16 at 6:51 p.m. Staff R (business manager), Staff V-22 (RN) acknowledged that facility did not provide the home health agency's record for residents #2, #43 which had been requested 6:03 pm. Staff R stated "I called to get the documentation but they did not answer me."
On at 7:11 p.m., . The facility was not able to provide discharged residents #7 and 8 records. Staff V-22 (RN), R (business manager) and L-12 (Kitchen Manger) at the temporary nursing acknowledged that documentation was not provided during the survey.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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