STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	**01/06/2017**
NAME OF PROVIDER OR SUPPLIER **ANGUILLA CAY SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH RIDGE ROAD** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A llicense complaint survey (CCR #2016012918) was conducted from 1-4-17 to 1-6-17 at Anguilla Cay Senior Living (license #11772). The facility had a deficiency identified at time of the survey.

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility did not properly execute 4 out of 4 resident contracts (Residents #1,2, 3 and 4) based on its monthly fees and transfer provisions.

The findings are:

A) Review of Resident #1's record indicated that the resident and the facility entered into an assisted living residential agreement on - - . Review of this agreement indicated that the resident was charged $2500.00 per month to live and receive assisted living services in the facility. Review of this agreement's page 11, under "transfer for more appropriate care", indicated that the facility was not designed to provide "higher levels of care" or skilled nursing care to the resident and that the resident may not remain in the facility if applicable laws did not allow for the resident to remain in the facility.

Review of Resident #1's record indicated that the resident and the facility entered into an assisted living residential agreement on - . Review of this agreement indicated that the resident was charged $2500.00 per month to live and receive assisted living services in the facility. Further review of this agreement indicated that the resident was to be transferred from to within the facility and that it contained a total of 8 pages, numbered as pages 3, 4, 5, 20, 21, 23, 34 and 35. Further review of the facility's records indicated that there was no additional documentation or addenda to reflect that Resident #1 was notified to be charged by the facility while the resident was not living in the facility or charged a greater amount than the agreements dated on - - or - .

In an interview with the Administrator on - - at 12:10pm, he stated that Resident #1 was discharged from the facility in 2015 and this was reflected on the facility's admit/discharge log. He stated that Resident #1's agreement dated on - was considered to be an addendum to the original resident agreement dated on - - , it was used by the facility merely to represent the resident's and this was the reason why it contained a total of 8 pages.

Review of the facility resident monthly invoices dated in 2015, 2015, 2015, 2015, 2015, 2015, 2015, indicated that resident #1 was charged and paid $2515.00 to the facility for each of these months.

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Review of the Resident #1's health assessment dated on 4-28-15 indicated that the resident was diagnosed with , gait instability, Parkinson ' s , , anorexia, , , retention and weight loss. Review of this health assessment indicated that the resident needed supervision with handling his personal and financial affairs. Review of the resident's physician order dated on - - indicated that the resident needed to be transferred to the hospital due to the resident's need for higher level of care. Review of the resident's service notes dated on - - indicated that the facility was informed by the hospital's case manager that the resident needed to go to a nursing home after the hospital. Review of the resident's service notes dated on - indicated that the facility was informed by the hospital's charge nurse that the resident was going to be discharged from the hospital to a nursing home to receive rehabilitation.

In an interview with the facility owner and licensee on - - at 11:25am, he stated that the facility did not have any specific policies and procedures relating to resident finances and everything related to payments, credits and refunds was expressed in each of the resident agreements.

In an interview with Resident #1's son-in-law on - - at 1:45pm, he stated that he served the resident as his attorney in fact from approximately mid-2011 to mid-2012. He stated that the facility was aware that the resident had a retirement salary of about $900 per month plus what the resident received from social security benefits. He stated that the resident asked him to relinquish his power of attorney sometime in 2012, that he did not know who assisted the resident with his finances after this period and he felt that the facility had an unusual influence on the resident during this time. He stated that he did not receive periodical financial statements from the facility from years 2011 to 2012 that reflected the contractual monthly amounts.

In an interview with the facility owner and licensee on - - at 3:25pm, he stated that he was responsible to manage all of the residents' accounting for the facility. He stated that he learned shortly after Resident #1 was discharged to the hospital on - - that the resident was "not ready to come back" to the facility. He stated that he was aware that the resident received a endoscopic - ( ) tube while the resident was in the hospital in 2015. He stated that he read a letter from the resident's physician, sometime in 2015, which indicated that the resident could not reside in an assisted living facility due to the resident's condition which required the use of a tube. He stated that the facility did not have a copy of this physician's letter and that he disagreed with the resident's need to have and use a tube for the resident's personal feeding. He stated that the facility billed and charged the resident $2515.00 per month after the resident was discharged from the facility to a higher level of care on - - and that the facility received funds from the resident by electronic funds transfers (EFT) from 2015 to 2016 without interruption. He stated that the resident's funds stopped transferring after 2016 for reasons unknown to him. He stated that the

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resident left clothing and personal items after he was discharged from the facility on 5-14-15, and this personal property may have been easily delivered by the facility to the resident at the nursing home, which is within a short distance from the facility.

In an interview with the facility owner and licensee on - - at 3:35pm, he stated that he was aware that the facility billed and received automatic EFT payments from Resident #1 from 2015 to 2016, while the resident lived in a nursing home and that the resident did not live or receive any assisted living services in the facility. He stated that he had not refunded any of the amount paid from 2015 to 2016 to the resident and he did not take into consideration the "transfer for more appropriate care" stipulation in the agreement the facility entered with the resident on - - . He stated that he did not consider Resident #1 to be discharged from the facility for financial reasons and was not aware that any resident with a tube could not legally reside in a standard-licensed assisted living facility unless the facility met specific care conditions to maintain the resident's change in condition. He stated that the facility did not have further proof that it met the care requirements so that the resident may return and remain in the facility after the facility learned that the resident received a tube in 2015.

In an interview with the Administrator on - - at 3:45pm, he stated that the facility did not have any additional documentation or addenda to reflect that resident #1 was notified to be charged a greater amount than on the original agreement dated on - - .

B) In an interview with Resident #2 on - - at 9:50am, she stated that she lived in the facility for about six years and that she also worked part-time in the facility as a dining for about five years. She stated that she usually paid $500 cash per month to the facility and her insurance paid $800 per month to the facility for her to live and receive assistance with self-administration of medication. She stated that she was not aware of the exact amount she was required to pay the facility because the facility did not provide her with any monthly or systematic financial statements for her review.

Review of Resident #2's record indicated that the resident and the facility entered into an assisted living residential agreement on - . Review of this agreement indicated that the resident was charged $1000.00 per month to live and receive assisted living services in the facility. Further review of the facility's records indicated that there was no additional documentation or addenda to reflect that resident #2 was notified to be charged a greater amount than the original agreement dated on - .

In an interview with the facility owner and licensee on - - at 1:15pm, he stated that Resident #2 was charged $1325.00 per month to live in the facility and that he was aware that the amount reflected on the agreement was $1000.00 per month. He stated that the facility charged this amount to the resident for several years and he did not know why the facility charged the resident more than the contracted

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amount. He stated that the facility did not provide the resident a refund for the difference in the amount it charged compared to the contractual amount.

In an interview with the Administrator on - - at 1:15pm, he stated that the facility did not have any additional documentation or addenda to reflect that resident #2 was notified to be charged a greater amount than on the original agreement dated on - .

C) Review of Resident #3's record indicated that the resident and the facility entered into an assisted living residential agreement on - - . Review of this agreement indicated that the resident was charged $2450.00 per month to live and receive assisted living services in the facility. Review of the agreement addendum dated on - indicated that the resident was charged by the facility $2200.00 per month from 2012 forward. Further review of the facility's records indicated that there was no additional documentation or addenda to reflect that Resident #3 was notified to be charged a greater amount than the addendum agreement dated on - or that any of the agreement stipulations were breached so that a different amount was charged to the resident.

Review of the facility resident monthly invoices dated in 2015, 2015, 2015, 2015, 2015, 2015, 2015, indicated that Resident #3 was charged and paid $2515.00 to the facility for each of these months. Review of the facility invoices dated on - - , - , - - and - indicated that the facility billed the resident $2555.00, $2545.00, $2525.00 and $2525.00 respectively.

In an interview with the facility owner and licensee on - - at 3:45pm, he stated that resident #3 was being billed for amounts greater than his contractual amount for several years and the resident paid the billed amounts without protest. He stated that he felt that it was adequate for the facility to collect the billed amount from the resident, despite the fact the facility did not notify the resident of the increased amount being billed for.

In an interview with the administrator on - - at 3:50pm, he stated that the facility did not have any additional documentation or addenda to reflect that Resident #3 was notified to be charged a greater amount than on the agreement addendum dated on - .

In an interview with Resident #3's daughter-in-law on - - at 11:40am, she stated that the facility had access to the resident's bank card and shortly after the resident in 2016, she asked the facility for the resident's copies of his bank statements and bank electronic access code so her family could close the resident's bank account, but the facility failed to provide this. She stated that she noticed unusual bank charges right before the resident , which were charges from

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places and items that were inconsistent with the resident's habits or behavior.

In an interview with Resident #3's daughter on 1-5-17 at 12:10pm, she stated that she was not aware how much the facility charged her father to live there because she did not receive a copy of the agreement and systematic or monthly statements when her father lived there. She stated that the facility was supposed to involve her father's family, include herself, to assist with his personal and financial affairs, but the facility did not do this.

D) Review of Resident #4's record indicated that the resident and the facility entered into an assisted living residential agreement on . Review of this agreement indicated that the resident was charged $2700.00 per month to live and receive assisted living services in the facility. Further review of the facility's records indicated that there was no additional documentation or addenda to reflect that Resident #4 was notified to be charged a greater amount than the original agreement dated on .

Review of the facility invoice dated on indicated that Resident #4 was charged $2725.00 per month to live in the facility.

In an interview with the Administrator on at 1:20pm, he stated that Resident #4 paid the facility a total of $2725.00 every month through EFT, which included a $25.00 for cable television service. He stated that the resident's brother managed the resident's finances. He stated that the resident did not consent to the additional monthly cable charge of $25.00 in writing because the facility did not have any documentation for this.

In an interview with Resident #4's brother on at 1:35pm, he stated that he was not aware how much exactly the facility charged his sister to live there because he did not receive a copy of the agreement and systematic or monthly statements. He stated that his sister paid so much to live there, that she did not have enough money for the additional dental care she required.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

RE: CCR #2016012918

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 2017.** 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/sf

XG90

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