

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/10/2017  
FORM APPROVED

|                                                                 |                                                                                         |                                                     |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966607</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>07/31/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERON HOUSE OF LARGO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2050 EAST BAY DRIVE<br/>LARGO, FL 33771</b> |                                                     |

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

**0000 - Initial Comments**

Assisted Living Facility

A complaint investigation, (CCR# 2017005035), was conducted at Heron House of Largo, Assisted Living Facility, on . Heron House of Largo, Assisted Living Facility, had a deficiency at the time of the investigation.

(License # 10811)

**0167 - Resident Contracts - 58A-5.025 FAC**

Based on record reviews and interviews, the facility failed to provide a refund within 45 days of discharge or . for 2 (Resident #1 and Resident #4) of 4 Residents sampled for refunds.

Findings included:

Record review on . of the business file for Resident #1 revealed the resident left the facility on . She had given the facility a 30 day notice on . and Resident #1 moved out on . Since Resident #1 had paid for the entire month of ., 2016, she was owed a refund in the amount of \$386.01 for the three days left in ., 2016. The refund check should have gone out by . but the refund check had not been sent to Resident #1 as of .

The business office manager stated on . at 11:30 am all billings and refunds were handled through Corporate. She stated we do not handle any finances here. She stated that when a resident was discharged, she sends the paperwork to Corporate and they send the refunds if there is one due the resident. She stated from looking at the paperwork for Resident #1, the resident should have gotten a refund because she did give the proper notice and she had paid up to the end of the month. She was owed three days of rent at 128.67 per day which equals \$386.01.

The administrator, stated on . at 12:00 pm it seems the correct paperwork for Resident #1's refund was not completed and sent to the corporate office. Since they were not aware of the refund, they did not send the refund. The refund is now way past 45 days from discharge on .

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/10/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966607</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>07/31/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERON HOUSE OF LARGO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2050 EAST BAY DRIVE<br/>LARGO, FL 33771</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                     |
| <p>Record review of the business file for Resident #4 revealed she ... on ... and the refund of \$700.01 was sent on ... The check was issued on ..., 2017 but was not sent out until ... The check was sent out 104 days after the resident's ... The facility has 45 days to send a refund check to the responsible party after her ... This was not done in the case of Resident #4. The 45th day would have been ...</p> <p>Ashley Janczak, business office manager, stated on ... at 1:00 pm, the refund check was not sent out for Resident #4 within 45 days after her ... It was very late.</p> <p>Class III</p> |                                                                                         |                                                     |