STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969069	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **NATIONAL CHURCH RESIDENCES OF BRADENTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **3229 19TH ST W** **BRADENTON, FL 34205**	

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

0000 - Initial Comments

Assisted Living Facility

On , a complaint survey, (CCR# 2017006373), was conducted at National Church Residences of Bradenton. A deficiency was identified at the time of the visit.

(License # 12926)

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility is out of compliance with 429.24 FS, failing to provide 2 of 2 sampled residents (Resident #1 adn Resident #2) a refund within 45 days as required.

Findings included:

On a record review was conducted for Resident #1, with a discharge date of . In review of Resident #1's record, it indicated a refund in the amount of $1289.03 was due. A receipt for a check in the amount of $1289.03 was issued to the family of Resident #1 on . The Facility took 120 days to issue the refund.

An interview was conducted with the daughter of Resident #1, who stated Resident #1 did in fact receive the refund after numerous calls to the facility requesting it.

On a record review was conducted for Resident #2, with a discharge date of . In review of Resident #2's record, it indicated a refund in the amount of $2000.00 was due. A receipt for a check in the amount of $2000.00 was issued to the family of Resident #2 on . The facility took 187 days to issue the refund.

An interview was conducted with the Administrator on , who stated, the business office manager requests the refund from the corporate office and they issue the refund. She stated she has notified the corporate office that Florida requires the refunds be made within 45 days after discharge.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III