STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	**09/06/2017**
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

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

0000 - Initial Comments

The Change of Ownership Survey (CHOW) was conducted on . Wellsprings Residence Assisted Living Facility, License #12479 had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (C) had documentation of an annual assessment for ( ) signed by the healthcare provider.

Findings:

Personnel Record review for Staff C hired revealed her last statement documenting freedom from was dated (due).

On at 3:30 PM, the Administrator/owner confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on contract review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 2 of 2 sampled residents (#1 and #2).

Findings:

Resident record review including contracts for residents #1 and #2 revealed the following components were missing:

1. There was no provision that indicated if after a contract was terminated, the facility intended to make a claim against a refund due the resident, the facility must notify the resident or responsible party in writing of the claim and must provide the said party a reasonable time of no less than 14 calendar days to respond. According to 429.24 FS.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	**09/06/2017**
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

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

2. The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; the financial institutions were the deposits were held. Further review of the contract revealed it noted, "Wellsprings Residence does not give refunds except for Security deposits."

On at 3 PM, the administrator confirmed the above findings and stated the facility did give refunds to the residents and the contract was not accurate.

Class