STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	03/05/2018
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

0168 - Resident Refund Policy - 429.24(3)(a) FS

Based on record review and interview, the facility failed to provide a refund to 1 of 3 sampled residents (#1) as required under 429. 24 FS, whose records were reviewed, to the responsible party for the correct amount and within 45 days after discharge from the facility.

Findings included:

A review of the facility admission/discharge log was conducted on . . . . It revealed Resident #1 was admitted to the facility on . . . and discharged on . . . . . to a skilled nursing facility.

A review of Resident #1's record conducted on . revealed a contract dated verifying their monthly contracted rate of $3250.00 and a daily rate of $104.84. Resident #1's record included documentation of a letter from their Power of Attorney (POA) dated . . giving the facility a 30-day notice of discharge due to being accepted into a skilled nursing facility. It also included documentation of Resident #1's personal account with a remaining balance of $10.00. At the time the notice was provided, the facility had already been paid for Resident #1 through . . . . . 2017.

A review of the facility records was conducted on . . . , specifically a check dated . . written out to Resident #1's POA, for $114.84.

A review of e-mail correspondence between the Administrator and Resident #1's POA was reviewed on . . . . It revealed the Administrator gave the corporate office detailed information regarding Resident #1's refund amount due of $324.52. .

In review of Resident #1's contracted monthly rate and their discharge date the Resident/ POA was due a refund in the amount of $324.52 to equal 3 days and an additional $10.00 from a remaining balance in their personal account.

The refund was due by . and was not refunded until . . . . The refund was not provided in the required 45 days or for the correct amount.
A continued review of Resident #1's record revealed no documentation of any claim being made against a refund due Resident #1 within 14 days of Resident #1 moving from the facility.
An interview was conducted with the Administrator on . at 11:00 AM. The Administrator stated she made the corporate office aware Resident #1 was due a refund to equal 3 days and $10.00 remaining in his personal account equaling $324.52 to be refunded by . . The Administrator said she was not sure why Resident #1 was only refunded for 1 day.

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

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	**03/05/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 a complaint CCR#2017014837 survey was conducted at Angels Senior Living at Connerton Court. A deficiency was identified during the visit.

(license# 12268)