STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968235	04/17/2018
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 N HARBOR CITY BLVD** **MELBOURNE, FL 32935**	

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

0000 - Initial Comments

Complaint Investigation #2018003385 was conducted on . . . . Discovery Village at Melbourne, License #12122, had a deficiency at the time of the visit.

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on contract review, financial review and interview, the facility failed to honor the resident contract and provide a refund for discharge due to higher level of care needed for 1 of 2 sampled residents (#4).

Findings:

Resident #4's record revealed a contract dated . . . . which stated the resident may provide a written 30 day notice of discharge. The contract also read, "In the event your discharge due to medical reasons (including . . .), this Agreement will terminate on the date your Apartment is vacated and cleared of all personal belongings."

On , the Power of Attorney (POA) for resident #4 gave verbal and written notice of discharge due to medical reasons. The apartment was vacated of all personal belongings on . . . . The record revealed a "Move Out Inspection Report" dated and signed by the POA and a representative of the facility documenting the apartment had been vacated and no damage was found.

Review of facility admission discharge log revealed resident #4 was documented to be discharged on with a reason of "Higher Level of Care."

Review of a final invoice provided by the business office manager revealed a debit/Ledger Balance of $6186.00, which was explained to be the charge for . . . 2018. A line item entitled Credits Due showed a "Move out credit for - - , care" in the amount of $5588.71." Another credit due line item read, "Move out credit for . . . - . . . - care by level" in the amount of $290.32. The invoice showed the resident owed a balance of $306.97 for 2018.

The refund owed to resident #4 from - was to be $2872.09, based on the monthly charge of $6186.00, divided by 28 days in . . . . , times 13 days remaining after the apartment was vacated.

The record did not reveal a response from the facility to the family's written notice of discharge, and did not contain a written notice of a claim against the refund from the facility to the resident.

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On [redacted] at 2:45 PM, the business office manager explained the resident did not owe any money for [redacted] 2018 and the facility "wrote off" the balance due. She stated no refund had been made to the resident for any part of [redacted], 2018.

At 4:35 PM on [redacted], the administrator confirmed that no refund had been made for [redacted], 2018. He stated the resident moved out due to choice and they would have provided hospice care if necessary. When told about the documentation in the admission discharge log stating the reason for discharge was "higher level of care", he did not have a response. He confirmed that a written notice of a claim against the refund had not been provided to the resident/family.

Class III