STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967375	**06/06/2018**
NAME OF PROVIDER OR SUPPLIER **TALLAHASSEE MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2767 RAYMOND DIEHL ROAD** **TALLAHASSEE, FL 32309**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018006516 was conducted at Tallahassee Memory Care, license #11401, in Tallahassee, FL on . . . . . At the time of the survey, deficient practice was identified.

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

Based on record review and staff interview, the facility failed to provide a refund within 45 days after all personal belongings had been removed from the facility per facility policy for 1 of 3 residents (#2).

The findings were:
Record review was conducted for resident #2, and revealed the resident signed a contract upon moving in stating, " in event of the resident's and after the been cleared of all personal belongings, all monthly charges, which were paid in advance and not otherwise incurred, shall be refunded within 45 days of the cleared of personal belongings.

A review of facility files revealed the business office manager (BOM) had submitted a request to their corporate office on asking for a refund in the amount of $2,473.60 to be paid to the family of resident #2 who had expired on .

An interview conducted with the family member of resident #2 revealed that as of , no refund check had been received by the family.

On . . . . . at approximately 10:30am interview was conducted with BOM who stated: "We do not issue out refunds here at this office. We only submit the request to corporate and they issue the checks out to the individuals."

On . . . . . at 11:52am, the facility provided an email dated . . . . . from the corporate office accountant stating that a refund check was mailed out to the family of resident #2. At approximately 12:00pm an interview was conducted with Loretta Gaines, Executive Director, who stated: "We normally send the refund request to corporate after the residents move their stuff out. I had no idea it was not paid. We sent the request to corporate and they handle from there. We do not do refunds here; that takes place in Tacoma, Washington. I had not heard anything about it until I got the email on last Thursday (. . . . .) saying they would be issuing out the check that week."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967375	**06/06/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
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