

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969299	(X3) DATE SURVEY COMPLETED 08/21/2018
NAME OF PROVIDER OR SUPPLIER BOSWELL MANOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2185 HWY 173 BONIFAY, FL 32425	

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

0000 - Initial Comments

An announced initial licensure survey with Limited Nursing Services and Limited Mental Health specialties was conducted on _____, 2018 at Boswell Manor, LLC (application #67998). A generator assessment was conducted in conjunction. Deficiencies were found at the time of the survey.

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

Based on interview and contract review, the facility failed to ensure the facility contract contained all required components.

The findings include:

An interview was conducted with the facility Administrator [REDACTED] at approximately 9:15 AM. She stated she did not have a copy of the facility contract with her, and believed it to be in the process of being reviewed by her attorney. After exiting the facility, a copy of the facility's contract was emailed. Upon review, the contract did not include key components including:

1. An explanation of the limited nursing services if the resident elected to receive them.
2. The purpose of any advance payments or deposit payments, and the refund policy for such payments.
3. A refund policy.
4. A written bed hold policy.
5. Any provision indicating affiliation with any religious organization.
6. A provision notifying the resident if it was determined the resident's needs could not be met in the facility, a notice would be provided to the resident and/or resident representative.
7. A provision indicating resident assessments would be conducted every 3 years or with any significant change.
8. The facility's policy and procedures for medication, including self-administration, assistance with self-administration, and administration. The contract also did not state unlicensed staff may assist with medication administration.

Further review of the contract revealed, "Residents MD appointments and transportation can be set up by the facility, but the facility will not be responsible if transportation cannot be made. Family members are responsible for accompaniment with residents to appointments."

An interview was conducted with the co-owner of the facility on [redacted] at approximately 3 PM. He confirmed the resident contract concerns identified above and stated he was trying to make the contract

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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as straight forward as possible. He stated he was not aware the facility was required to provide transportation to physician appointments. He revealed he would correct the contract and email a copy for review. Class III		