STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	**08/29/2018**
NAME OF PROVIDER OR SUPPLIER **NEW PORT RITCHEY CENTER FOR ASSISTED LIVING AND ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018010178 and 2018010256) was conducted at New Port Richey Center for Assisted Living and Memory Care on . New Port Richey Center for Assisted Living and Memory Care had a deficiency at the time of the investigation.

(License #5421)

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

Based on interview and record review, the facility failed to provide a refund to the resident's responsible party, within 45 days after discharge of the resident as required under Section 429.23(3), Florida Statutes, for one (Resident #1) of one resident sampled.

Findings included:

An interview was conducted with the Administrator at 9:00 AM on and they stated that the refund for Resident #1 was not issued within 45 days after discharge. The Administrator stated that the resident's family had removed personal property from the a timely manner.

A review of facility records showed that Resident #1 was discharged on . The Administrator showed a copy of check number 1108 dated that was sent to Resident #1's responsible party for a refund of fees for the remainder of , 2018 (photographic evidence obtained). The date of the check/refund was not within 45 days after discharge as required.

Class III