STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965708	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **ABBEY DELRAY HEALTH CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2105 SW 11 COURT** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Abbey Delray Health Center, License #10023. The facility had a deficiency identified at the time of the survey.

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview, the facility failed to ensure resident contracts contained all of the required provisions, for 2 of 2 sampled residents (Resident#2 and Resident#6).

The Findings Included:

On [redacted] at approximately 1:30PM, a record review was completed for Resident#2 and Resident#6. The Resident contracts for Resident#2 was dated [redacted] and the contract for Resident#6 was dated [redacted]. Further review revealed the contract did not contain a provision of the facility's refund policy. The contract for Resident#2 and Resident#6 also does not contain any provision regarding the facility's 45 Day discharge notice.

During an interview with the Administrator On [redacted] at approximately 4:40PM, he reviewed the resident contracts and acknowledged the findings. No additional documentation was provided for review.

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