STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	**03/19/2019**
NAME OF PROVIDER OR SUPPLIER **ALABAMA OAKS OF WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1759 ALABAMA DRIVE** **WINTER PARK, FL 32789**	

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

0000 - Initial Comments

A Complaint investigation #2019000888 was conducted on . . . . . Alabama Oaks of Winter Park, license #37, had deficiencies at the time of the visit.

0011 - Admissions - Discharge - 58A-5.0181(5) FAC

Based on resident record review and interview, the facility failed to provide a written notice of discharge to 3 of 3 sampled former residents and their responsible parties when the facility failed to renew their license and was required to cease operations and close (#1, 2, and 3).

Findings:

Review of the resident record for 3 former residents did not reveal any notice of discharge informing the resident and responsible party of the reason for the facility closure, the need to relocate, the deadline for removing personal belongings and the refund policy.

On at 1:10PM, the administrator stated she had not provided written or email notices of discharge to any of the residents, but had told everyone in person or by phone.

Class III

0168 - Resident Refund Policy - 429.24(3)(a) FS; 429.27(7), FS

Based on resident record review and interview, the facility failed to provide a refund to 1 of 3 sampled residents or responsible parties within 45 days after discharge of the resident as required by 429.24(3)(a) FS and 429.27(7), FS.

Findings:

Review of the record for resident #2 did not reveal any documentation of payments received for . . , ... or refunds made following discharge of the resident on . . . . . , when the facility failed to renew their license and was required to cease operations and close.

On at 1:10 PM, the administrator sated resident #2 had moved home to live with family when the facility closed on . . . . . She said the family had paid for all of . . , ... The amount due the resident for unused days in , was $2323.33.

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SUMMARY STATEMENT OF DEFICIENCIES
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The administrator confirmed she did not have any documentation in the facility regarding the discharge or any refunds to the family of resident #2. She texted the corporate office on at 12:10 PM to ask if the office had any correspondence with the family of resident #2 or had provided any reimbursements. There was no response. The administrator stated she had no knowledge or documentation that any money was reimbursed to the family as of .

Class III