

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING IN NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 6716 CONGRESS ST 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 (Complaint #: 2019000913) was conducted at Angels Senior Living in New Port Richey. Angels Senior Living in New Port Richey had a deficiency at the time of the investigation.

(License #12688)

D120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview, the facility failed to maintain accurate business records with regard to resident billing for two (Resident #2 and Resident #3) of four records reviewed.

Findings included:

A review of the facility's Collection Report dated was provided by the Administrator on The report indicated that Resident #2 owed the facility \$946.17. The report showed that \$346.17 was billed on and \$600.00 was billed on (photographic evidence obtained).

A review of Resident #2's contract showed the rate of \$1900.00 per month. Resident #2 signed a contract with the facility on with the total charge for those remaining nine days of totaling \$610.71. The resident was incorrectly charged the amount of 612.71. The resident paid \$257.14 on and the resident's account maintained the incorrect balance of \$346.17 as of

The Administrator was interviewed at 1:45 PM on and they acknowledged that Resident #2's account balance was not accurate. The Administrator also stated that they believed the resident's managed care company overpaid the resident's previous facility so the first 9 days of residency were not paid for at this facility, thus holding the resident responsible for this charge. The Administrator explained that the remaining \$600.00 was a charge for an "evacuation fee" that was part of Resident #2's contractual agreement (photographic evidence obtained).

A review of the Collection Report dated showed that Resident #3 had a balance due of \$4725.11 (photographic evidence obtained). The Administrator was interviewed at 1:45 PM on and again at 3:21 PM and stated that charges dated,, and should have been billed to Resident #3's managed care company and acknowledged that the billing was inaccurate. The Corporate Operations Manager joined the discussion at 3:26 on and stated that this must be an accounting

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error. Class III		