

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PADDOCK COVE AT NAPLES

**7801 AIRPORT PULLING ROAD N.E.
NAPLES, FL 34109**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey for complaint #2021014055 was conducted from through at Paddock Cove at Naples, an assisted living facility in Naples, Florida. Complaint #2021014055 was substantiated with deficiencies of A0162 and A0168. The following is a description of the deficiencies.	A 000		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a	A 162		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

If continuation sheet 2 of 8

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A 162	Continued From page 2 and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be	A 162			

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A 162	Continued From page 3 retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain one of three resident records (Resident #1) after she was discharged from the facility. The findings included: An interview was conducted with the Business Office Manager on at 11:30 a.m. She said the new company took over the building on and she does not have access to Resident #1's record. An interview was conducted with the administrator on He said the change of ownership for this facility occurred in He does not have Resident #1's record. On a review of the change of ownership papers from the data base showed the change of ownership occurred on On a review of Resident #1's Admission Record form showed she moved into the facility on A review of an e-mail sent from the Chief Financial Officer to a Regional Manager	A 162			

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A 162	Continued From page 4 dated showed a move in date of and move out date on The facility has no record of Resident #1 to know the correct admission and discharge date. Another interview was conducted with the Business Office Manager on at 12:30 p.m. She confirmed she does not have any record for Resident #1. She requested Resident #1's record from the corporate office again today and she said they were unable to produce it. Class III	A 162		
A 168	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions	A 168		

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A 168	Continued From page 5 under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. 429.27, FS Property and personal affairs of residents. - (7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's , the funds shall be deposited in the Health Care Trust Fund administered by the agency.	A 168			

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A 168	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide a refund for one of three residents (Resident #1) reviewed within 45 days of being discharged from the facility. The findings included: A review of a portion of the facility contract shows the following: "H. Refunds. The following Refund Policy shall apply: 1. You shall receive a refund of any payments to which you are entitled within thirty (30) days of termination of this Residency Agreement. The Community may deduct costs associated with repairs or replacements required in connection with any change, beyond normal wear and tear, which the Community determines to be your responsibility. The Community shall provide you or your estate with written notice of any claim against your refund (including repair or replacement costs) and allow ten (10) days for you or your estate to respond prior to deducting such amount(s). 2. In the event of your , the Community shall return all refunds to the Executor or Administrator of your Estate, if one has been appointed at the time of disbursement of such fund and , if not, to your spouse or adult next-of-kin." 1. An interview was conducted with the Business Office Manager (BOM) on at 9:30 a.m. She said she has a copy of a check for Resident #1. A review of this check showed check #1655 dated for \$2,275.00 is made out to	A 168		

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A 168	Continued From page 7 Resident #1. The BOM said this check has not been sent out yet. Corporate does not know who to send it to. 2. An interview was conducted with Resident #1's family member on _____ at 4:57 p.m. She said the contract was dated on _____ and Resident #1 moved in the same date. Another family member paid extra money (\$2,450.00) for a private respite room for the month. She said Resident #1 was discharged from the facility on _____ and has not received a refund from the facility. Class III	A 168		