Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969105	A. BUILDING: _____ B. WING _____	09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALACE AT HOMESTEAD, LLC	3100 NE 8TH ST HOMESTEAD, FL 33033

(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 AMENDED A complaint investigation (complaint numbers 2023006231 and 2023006692) was conducted at Palace at Homestead, LLC from through . . . . . A deficiency was identified at the time of the investigation.	A 000		
A 170 SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide a refund to the resident or responsible party within the required 45 days after discharge for one out of three (Resident #1) sampled residents. Findings Included: Review of facility records for Resident #1 showed an admission date to facility on and discharged date for . . . . . . On . . . . . at 8:53 AM Resident #1's responsible party stated Resident #1 had been residing at the facility since 2017 and discharged on . She stated she received a refund	A 170		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 170	Continued From page 1 check dated . She presented a check that was made out to her [responsible party] dated . She presented an envelope the check was in, mailed by the facility, with a post mark date for . On at around 10:15 AM the Administrator was asked to provide a copy of the refund check and the date it was sent to Resident #1 responsible party. The Administrator stated she did not have a copy of the check at the facility. The Administrator stated the resident responsible party was given a refund and the check was written and mailed out on . Review of the facility records showed documentation that Resident #1 responsible party was due a refund and a check was written dated ; there was no copy of the check and no documentation the check was mailed out to the responsible party on the same day. On at 1:20 PM, when asked about the timeframe for mailing resident or responsible party refunds, the facility Administrator stated the corporate office handles the facility finances, including the mailing of the refund checks. She stated the facility refund policy is to mail the check the same day its written. When asked why the refund check for Resident #1 was dated , and the envelope, from the facility, had a stamp postmark date for , she stated she did not know exactly when the check was mailed out, because its was handled by their corporate office. The Administrator also stated their corporate office reported to her having problems with the stamp machine at times, and that may have been the reason the envelope showed a stamped postmark date for .	A 170		

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A 170	Continued From page 2 Review of Resident agreement with facility dated documented "Refund for unused days, when applicable, will be prorated based on the daily rate, for any unused portion of Room & Board payment being Final Date of Termination of Residency. The refund period is 45 days. It begins on the Final Day of Termination of Residency. All Refunds will be given no later than 45 days following the Final date of Termination of Residency. It is the policy of the [facility] to process any refunds and/or funds due to residents and/or responsible party within 45 days." Review of the facility policy and procedures on resident refunds revealed, 'Purpose: To ensure that refunds due to residents and/or responsible parties are processed within the statutory requirements. Policy: It is the policy of the facility to process any refunds and/or funds due to residents and/or responsible party within 45 days.' Further review of the facility records showed Resident #1 and/or responsible party should have received a refund on . . . . . Documentation revealed the facility mailed a refund check on . . . . . , three days after the required 45 days the resident was to receive the refund. Class III	A 170		