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
	AL11969128	A. BUILDING: _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELCARE WITH A VISION LLC	108 WAGNER ROAD BONIFAY, FL 32425

(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 #2024013626 was conducted on - at Angelcare With a Vision, an assisted living facility in Bonifay, FL. A revisit to the biennial survey, originally ending on , was performed concurrently. At the time of survey, deficiencies were identified.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, staff interview and interview with Crisis Stabilization Unit (CSU) staff, the Assisted Living Facility failed maintain written records, updated as needed, of any significant changes for 1 of 2 residents reviewed who were involuntarily committed to a , , facility as outlined in the Florida Mental Health Act of 1971 (" "), Resident #1. The findings include: A record review was conducted of the facility's	A 025		

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A 025	Continued From page 2	A 025		

admission and discharge log, which indicated that Resident #1 was admitted on from a group home out of state. A review of the admissions and discharge log indicated that Resident #1 was involuntarily committed to a , , facility as outlined in the Florida Mental Health Act of 1971 (" ") from the facility on , with no further information listed. No re-admission date was recorded in the Admission/Discharge log. A review of the facility records found that Resident #1 had not been discharged from the facility and had not been given a 45-days' notice. There was no evidence to show that the Administrator had maintained a written record, updated as needed of any significant changes to Resident #1. Resident #1 was not living at the facility at the time of the survey and there was no documentation to show Resident #1's location current location.

On at approximately 11:30 AM, an interview with the Administrator revealed the decision on was due to fighting and exposing himself to others. The Administrator first stated that she had to call the police because the resident was loud and combative. Later, the Administrator reported that the nursing home next door to the facility called the police because the staff saw Resident #1 walking around their premises and going in their cars. The Administrator reported that, when the police arrived at the facility, Resident #1 was still combative and the police officers observed the resident turning over a table in the facility's dining room. The Administrator reported that the police initiated the and that is the last she heard of Resident #1's whereabouts. The Administrator stated that she had not reached out to any staff at the behavioral center, nor had she followed up on Resident #1's whereabouts. The

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A 025	Continued From page 3 Administrator indicated that Resident #1 returned to the facility at some point, and was again, but did not have any documentation of this. The Administrator reported that, on , Resident #1 was transported to the Assisted Living Facility (ALF, Angelcare With a Vision) by the behavioral center staff. The Administrator reported that she informed the behavioral center staff that Resident #1 could not return to the facility unless he has an updated AHCA Form 1823 (Resident Health Assessment), health assessment, and a new medication list. The Administrator reported that, since Resident #1 was out of the facility for over 15 consecutive days, he had to have an updated Form 1823. The administrator reported that once she did not accept Resident #1, he was returned to the behavioral center, and she has not heard anything else from him. The Administrator reported that she had not given the resident a 45-day notice of discharge and had not discharged him. The Administrator reported that Resident #1 was welcome to return to the facility at any time if the behavioral center sends an updated Form 1823 and a new medication list. The Administrator was not able to produce any documentation of any communication with the behavioral center, nor could the administrator produce any documentation that she had tried to make contact with the behavioral center for Resident #1's care and services. The Administrator reported again that she had not discharged or given Resident #1 a 45-day discharge notice and was not able to produce any documentation that she was trying to communicate with the behavioral center to return Resident #1 to the facility. On at approximately 12:28 PM, a telephone interview was completed with the	A 025		

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A 025	Continued From page 4	A 025		

Discharge Planner/ Coordinator for the crisis stabilization unit (CSU) where Resident #1 was located. The Coordinator reported that Resident #1 was admitted to the CSU for - and again on . The Coordinator reported that, on , Resident #1 was transported from the CSU to the facility by CSU staff. She stated that, when CSU staff arrived to drop the resident off, the Administrator would not allow CSU staff to leave the resident at the facility. She stated that the Administrator called the police on the CSU staff. She stated that CSU staff informed her of the situation and she informed CSU staff to bring the resident to the facility. The discharge planner reported that she has tried to call the ALF's Administrator numerous times and no one answers the telephone. The Discharge Planner reported that this was not the first time the facility would not accept a resident from the CSU, this has happened multiple times. The Discharge Planner reported that Resident #1 remains housed at the CSU. The Discharge Planner reported that the Administrator would not accept the resident because she stated that she needed an updated Form 1823 and a medication prescription list. The Discharge Planner reported that she had sent the medication list to the pharmacy two days prior to the resident being transported to the facility and she had made contact with the pharmacy to make sure the medication list had been received. The Discharge Planner reported that the pharmacist informed her that resident's medication was ready at the time of transport. The Discharge Planner reported that she had sent the admission packet along with the updated Form 1823 to the facility twice and no one would answer the phone to confirm receiving. The Discharge Planner reported that she did not know if the facility was blocking her

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A 025	Continued From page 5 number or why the telephone at the facility was not being answered. The Discharge Planner reported that, when CSU staff attempted to return resident to the facility, the Administrator informed the staff that she had given the resident a 45-day discharge notice. The Discharge Planner reported that she had documentation to show that the behavioral center had been trying to reach out to the facility. The Coordinator provided documentation of discharge planning between the CSU and the ALF. On , the CSU was assisting the ALF with the SSI application. On at 1:37 PM, the CSU documented that the Adminsitrator from Angelcare with a Vision claimed that she had asked for Resident #1's Social Security benefits to be transferred to the ALF several times, and as of yet she had not received any funds. The Administrator went on to say she had been providing care for Resident #1 for nine months with no payment and she was pursuing pay but had not yet checked her account this month to see if it was there. The Administrator stated that she had not received any written notifications. The Administrator agreed to readdress client's return to her facility on Monday. On at 10:13 AM, the CSU documented that contact was made with Social Security who verified that Resident #1 "does have Social Security benefits and that Angelcare with a Vision is the payee and received a lump sum payment for (Resident #1) in , as well as his benefits." On at 11:05 AM, the CSU documented that they spoke with the ALF Administrator who agreed to accept Resident #1 on Monday, . Class II	A 025		

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A 030	Continued From page 6	A 030		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	A 030		

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A 030	Continued From page 7 facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State	A 030		

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A 030	Continued From page 8 of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when	A 030		

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A 030	Continued From page 9 prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.	A 030		

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A 030	Continued From page 10 (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida.	A 030		

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A 030	Continued From page 11 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review, staff interview and interview with Crisis Stabilization Unit (CSU) staff, the Assisted Living Facility (ALF) failed to issue a 45 day discharge notice, failed to maintain documentation of "good cause" for terminating residency, and failed to readmit a resident for 1 of 1 sampled discharged residents, Resident #1. The findings include: A record review for Resident #1 found an admission date of from a group home out of state. On , Resident #1 was involuntarily committed to a , , facility as outlined in the Florida Mental Health Act of 1971 (" ") from the ALF, with no further	A 030		

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A 030	Continued From page 12	A 030		

supporting information documented. No re-admission date was recorded in the Admission/Discharge log or other resident records. Resident #1 was a second time from the ALF on , per review of the , facility's records. There were no ALF records to indicate that a 45-day discharge notice had been issued. There were no ALF records to indicate that Resident #1 required emergency relocation. There were no records indicating inappropriate behaviors for Resident #1.

On at approximately 11:30 AM, an interview with the Administrator revealed the decision on was due to fighting and exposing himself to others. The Administrator first stated that she had to call the police because the resident was loud and combative. Later, the Administrator reported that the nursing home next door to the facility called the police because the staff saw Resident #1 walking around their premises and going in their cars. The Administrator reported that, when the police arrived at the facility, Resident #1 was still combative and the police officers observed the resident turning over a table in the facility's dining room. The Administrator reported that the police initiated the and that is the last she heard of Resident #1's whereabouts. The Administrator stated that she had not reached out to any staff at the behavioral center, nor had she followed up on Resident #1's whereabouts. The Administrator indicated that Resident #1 returned to the facility at some point, and was again, but did not have any documentation of this. The Administrator reported that, on , Resident #1 was transported to the Assisted Living Facility (ALF, Angelcare With a Vision) by the behavioral center staff. The Administrator reported that she informed the behavioral center

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A 030	Continued From page 13	A 030		

staff that Resident #1 could not return to the facility unless he has an updated AHCA Form 1823 (Resident Health Assessment), health assessment, and a new medication list. The Administrator reported that, since Resident #1 was out of the facility for over 15 consecutive days, he had to have an updated Form 1823. The administrator reported that once she did not accept Resident #1, he was returned to the behavioral center, and she has not heard anything else from him. The Administrator reported that she had not given the resident a 45-day notice of discharge and had not discharged him. The Administrator reported that Resident #1 was welcome to return to the facility at any time if the behavioral center sends an updated Form 1823 and a new medication list. The Administrator was not able to produce any documentation of any communication with the behavioral center, nor could the administrator produce any documentation that she had tried to make contact with the behavioral center for Resident #1's care and services. The Administrator reported again that she had not discharged or given Resident #1 a 45-day discharge notice and was not able to produce any documentation that she was trying to communicate with the behavioral center to return Resident #1 to the facility.

On at approximately 12:28 PM, a telephone interview was completed with the Discharge Planner/ Coordinator for the crisis stabilization unit (CSU) where Resident #1 was located. The Coordinator reported that Resident #1 was admitted to the CSU for - and again on . The Coordinator reported that, on , Resident #1 was transported from the CSU to the facility by CSU staff. She stated that, when CSU

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ANGELCARE WITH A VISION LLC	108 WAGNER ROAD BONIFAY, FL 32425

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A 030	Continued From page 14 staff arrived to drop the resident off, the Administrator would not allow CSU staff to leave the resident at the facility. She stated that the Administrator called the police on the CSU staff. She stated that CSU staff informed her of the situation and she informed CSU staff to bring the resident to the facility. The discharge planner reported that she has tried to call the ALF's Administrator numerous times and no one answers the telephone. The Discharge Planner reported that this was not the first time the facility would not accept a resident from the CSU, this has happened multiple times. The Discharge Planner reported that Resident #1 remains housed at the CSU. The Discharge Planner reported that the Administrator would not accept the resident because she stated that she needed an updated Form 1823 and a medication prescription list. The Discharge Planner reported that she had sent the medication list to the pharmacy two days prior to the resident being transported to the facility and she had made contact with the pharmacy to make sure the medication list had been received. The Discharge Planner reported that the pharmacist informed her that resident's medication was ready at the time of transport. The Discharge Planner reported that she had sent the admission packet along with the updated Form 1823 to the facility twice and no one would answer the phone to confirm receiving. The Discharge Planner reported that she did not know if the facility was blocking her number or why the telephone at the facility was not being answered. The Discharge Planner reported that, when CSU staff attempted to return resident to the facility, the Administrator informed the staff that she had given the resident a 45-day discharge notice. The Discharge Planner reported that she had documentation to show that the behavioral center had been trying to reach out to	A 030		

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A 030	Continued From page 15 the facility. The Coordinator provided documentation of discharge planning between the CSU and the ALF. On , the CSU was assisting the ALF with the SSI application. On at 1:37 PM, the CSU documented that the Administrator from Angelcare with a Vision claimed that she had asked for Resident #1's Social Security benefits to be transferred to the ALF several times, and as of yet she had not received any funds. The Administrator went on to say she had been providing care for Resident #1 for nine months with no payment and she was pursuing pay but had not yet checked her account this month to see if it was there. The Administrator stated that she had not received any written notifications. The Administrator agreed to readdress client's return to her facility on Monday. On at 10:13 AM, the CSU documented that contact was made with Social Security who verified that Resident #1 "does have Social Security benefits and that Angelcare with a Vision is the payee and received a lump sum payment for (Resident #1) in , as well as his benefits." On at 11:05 AM, the CSU documented that they spoke with the ALF Administrator who agreed to accept Resident #1 on Monday, . Per documentation on SSI benefits received from the Social Security Administration, dated regarding Resident #1, "Information About Supplemental Security Income (SSI) Payments: Beginning , , the current SSI payment is $943.00." The form listed Angelcare with a Vision INC, on 108 Wagner Road Bonifay. A record of payment history for SSI payments was reviewed. The system documented that on	A 030		

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A 030	Continued From page 16 , a payment in the amount of $1,962.22 was made to Angelcare with a Vision. This amount reflects 4 payments of $943.00. The , bank statement from Angelcare with a Vision reflected a deposit of $1,962.22 posted on . Class II	A 030		
A 120 SS=I	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.	A 120		

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A 120	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed, and failed to utilize a recognized accounting system. Business records provided consisted of bank statements which indicated deposits and , but did not indicate which resident each deposited payment came from and were unclear as to expenditures. The lack of utilizing generaly accepted accounting procedures affected all 18 residents, 17 currently living at the facility and Resident #1, who was located at a , , facility at the time of the survey. The findings include: On , the facility's accounting records were requested for review. The Administrator provided the "Account Statement", Member Number 9172, for , and , , . A review of the bank statement found deposits and , but the Account Statement did not indicate with whom (which resident) payments were associated, and the Statement was unclear as to expenditures. No other business accounting records explaining the deposits and withdrawals were provided. A record review of , , and bank records for the facility's business account, Angelcare With A Vision, 108 Wagner Road, Bonifay, Florida, Member Number ending in 9172, was conducted. Deposits included, but were not limited to: Electronic deposit from SSI (Supplemental Security Income), $1,962.22 Electronic deposit from SSA (Social Security Administration), $790.00	A 120		

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A 120	Continued From page 18	A 120		

Electronic deposit SSA, $989.00
Electronic deposit from HCCLAIMPMT (Healthcare EFT [electronic funds transfer] Standard to identify a payment as healthcare), $1,250.00
ATM (Automated Teller Machine) deposit, $1,000.00
Electronic deposit from HCCLAIMPMT, $3,750.00
Deposit, $1,900.00
Deposit $1,500.00
Electronic deposit from SSI, $943.00
Electronic deposit from SSI, $173.00
Electronic deposit from SSI, $943.00
Electronic deposit from SSI, $943.00
Electronic deposit from SSA, $790.00
Electronic deposit from SSA, $989.00
Deposit, $1,000.00
Transfer, $841.00
Deposit, $1,700.00
Electronic deposit from HCCLAIMPMT, $1,250.00
Electronic deposit from HCCLAIMPMT, $3,750.00
Deposit, $500.00
Deposit, $522.00
Deposit wire transfer, $50,614.64
Transfer, $2,715.00
Transfer, $2,205.98
Electronic deposit from SSI, $943.00
Electronic deposit from SSI, $173.00
Electronic deposit from SSI, $943.00
Electronic deposit from SSI, $943.00
Electronic deposit from SSA, $989.00
Electronic deposit from SSA, $790.00
Transfer, $841.00
ATM deposit, $5,583.60
Electronic deposit from HCCLAIMPMNT, $5,000.00
Electronic deposit from SSI, $2829.00

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A 120	Continued From page 19 Electronic deposit from HCCLAIMPMNT, $1, 250.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $173.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $943.00 Further review of , , and bank records for the facility's business account revealed expenditures that were unclear, and some of which did not appear to be related to business expenses: ATM withdrawal, -$440.00 ATM withdrawal, -$184.25 Debit card debit Wal-Mart, -$30.62 Debit card debit FDC (Florida Department of Corrections) Correctpay, -$134.90 Debit card debit Wal-Mart #0991 Mobile Alabama, -$192.65 Debit card debit Wal-Mart #0991 Mobile Alabama, -$162.57 Transfer, -$700.00 ATM withdrawal, -$500.00 Debit card debit Royal Inn Quincy Florida, -$250.00 Debit card debit Royal Inn Quincy Florida, -$100.00 Debit card debit Quincy Utilities, -$245.00 ATM withdrawal, -$103.99 Debit card debit Talquin Electric (provides services to Gadsden, Leon, Liberty and Wakulla Counties in Florida), -$20.83 ATM withdrawal, -$403.75 ATM withdrawal, -$303.75 Debit card debit Cozy Brown (restaurant) Mobile Alabama, -$65.78 Debit card debit Chuck E Cheese (arcade/restaurant) Mobile Alabama, -$41.00	A 120		

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A 120	Continued From page 20 Debit card debit Chuck E Cheese Mobile Alabama, -$26.40 Debit card debit Chuck E Cheese Mobile Alabama, -$6.92 Debit card debit Talquin Electric, -$356.81 ATM withdrawal, -$204.50 ATM withdrawal, -$100.00 Debit card debit funzpoints (a sweepstakes casino, where you can play casino-style games online), -$19.99 Debit card debit FDC Correctpay, -$311.90 Debit card debit GTL (Global Tel*Link Corporation [telecommunications company that provides inmate calling services for correctional facilities]) inmate phone, -$50.00 Debit card debit Lowe's Mobile Alabama, -$1,155.05 Debit card debit Lowe's Mobile Alabama, -$109.00 Debit card debit Lowe's Mobile Alabama, -$518.30 Debit card debit Talquin Electric, -$342.80 Debit card debit Talquin Electric, -21.71 Debit card debit funzpoints, -$19.99 Debit card debit funzpoints, -$49.99 ATM withdrawal, -$203.00 ATM withdrawal, -$203.00 ATM withdrawal, -$103.00 Debit card debit Drury Inn Mobile Alabama, -$412.38 Debit card debit Drury Inn Mobile Alabama, -$250.00 Cozy Brown Mobile Alabama, -$40.90 Debit card debit funzpoints, -$19.99 ATM withdrawal, -$200.00 ATM withdrawal, -$500.00 ATM withdrawal, -$203.00 ATM withdrawal, -$102.50 Debit card debit Lowe's Mobile Alabama, -$1098.75	A 120		

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A 120	Continued From page 21	A 120		

ATM withdrawal, -$203.00
Debit card debit Chuck E Cheese Mobile Alabama, -$131.64
Debit card debit Chuck E Cheese Mobile Alabama, -$8.80
Debit card debit The Childrens Place (children's clothing store) Mobile Alabama, $-144.31
Debit card debit Lowe's, -$607.49
ATM withdrawal, -$503.50
ATM withdrawal, -$202.49
Debit card debit Five Guys (restaurant) Mobile Alabama, -$73.01
Debit card debit Five Guys Mobile Alabama, -$27.45
Debit card debit funzpoints, -$49.99
Debit card debit funzpoints, -$19.99
Debit card debit Drury Inn Mobile Alabama, -$458.97
Debit card debit City of Prichard Alabama, -$125.00
ATM withdrawal, -$203.50
Debit card debit Lowe's Mobile Alabama, -$637.51
ATM withdrawal, -$203.00
ATM withdrawal, -$103.25
Debit card debit Alabama Power Company, -$304.77
Debit card debit Drury Inn Mobile Alabama, -168.20
Debit card debit funzpoints, -$49.99
debit card debit funzpoints, -$49.99
Debit card credit funzpoints, $395.96
ATM withdrawal, -$203.25
Debit card debit Talquin Electric, -$20.85
Debit card debit funzpoints, -$19.99

On at approximately 11:05 AM, an interview was conducted with the Administrator, who stated the facility's bills are paid from the

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A 120	Continued From page 22	A 120		

same account resident funds are deposited and there is not a separate account for resident funds and facility funds. The Administrator also stated her salary is paid from the facility's business account. The Administrator stated she uses the facility's business account sometimes for personal expenses and will count that towards her salary, but she does not keep a written accounting of those expenses or total amounts each month. The Administrator stated she was not receiving any money for Resident #1. The Administrator further stated the SSI letter shows Resident #1's SSI would start in .

A review was conducted of a Social Security Administration Supplemental Security Income (SSI) Notice of Change in Payment dated for Resident #1. The notice stated that Resident #1's SSI will increase from $943 to $967 beginning in , . (Photographic evidence obtained)

On at approximately 11:30 AM, a follow up interview was conducted with the Administrator who reported Resident #1 was admitted to the facility with no money, no insurance, no SSI, and no long-term care insurance. The Administrator stated Resident #1 was from Alabama, so it took a while to get him retroactive to Bonifay, but they finally got him situated. The Administrator stated the Attorney General came to the facility about a month ago concerning Resident #1's money and the Administrator showed them the bank statements showing she "does not get a dime" for Resident #1. The Administrator stated Resident #1's original admission date was and the resident was living free in the facility until , when the resident was involuntarily committed to a crisis stabilization unit. The Administrator stated she has not given Resident #1 a 45-day notice

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A 120	Continued From page 23 because he has not been discharged. The Administrator stated again she does not and has not received any money for Resident #1. Per documentation on SSI benefits received from the Social Security Administration, dated regarding Resident #1, "Information About Supplemental Security Income (SSI) Payments: Beginning , , the current SSI payment is $943.00." The form listed the address as Angelcare with a Vision INC, on 108 Wagner Road Bonifay. A record of payment history for SSI payments was reviewed. The system documented that on , a payment in the amount of $1,962.22 was made to Angelcare with a Vision. This amount reflects 4 payments of $943.00. The , bank statement from Angelcare with a Vision reflected a deposit of $1,962.22 posted on . On at approximately 10:30 AM, an interview was conducted with the Administrator, who stated she does not have an accounting system for the facility funds or the resident funds. The Administrator stated she does not keep individual receipts for each resident's expenses but could start writing that down and saving the receipts. The Administrator stated she does not have a system for facility expenses. Class II	A 120		
A 123 SS=H	429.27( ) FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds 429.27	A 123		

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A 123	Continued From page 24 (3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of $500 and funds of the resident not in excess of $500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of $500. (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident. (5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part	A 123		

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A 123	Continued From page 25 of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies. 59A-36.013 (2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain separate bank accounts to prevent co-mingling of facility funds with resident funds and the Facility Administrator's personal expenses for 11 of 17 residents currently residing in the facility (Residents #2, #4, #5, #7, #8, #9, #10, #11, #12, #16, #18), plus one	A 123		

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A 123	Continued From page 26 additional resident (Resident #1) who was located at a , , facility at the time of the survey. The facility is the payee and SSI (Supplemental Security Income) checks are directly deposited into the facility account for 6 of 18 residents, (#1, 2, 4, 10, 12 and 16). The findings include: A record review of , , and bank records for the facility's business account listed as Angelcare With A Vision at 108 Wagner Road, Bonifay, Florida, was conducted. It was found that between deposits per month were listed as an electronic deposit from either SSI (Supplemental Security Income) or SSA (Social Security Administration) or HCCLAIMPMT (Healthcare EFT [electronic funds transfer] Standard to identify a payment as healthcare). A further review of the , , and bank records for the facility's business account revealed transactions that appeared to be personal including FDC (Florida Department of Corrections) Correctpay, Royal Inn in Quincy, FL, Cozy Brown (restaurant) in Mobile, AL, Chuck E Cheese (arcade/restaurant) in Mobile, AL, funzpoints (a sweepstakes casino, where you can play casino-style games online), GTL (Global Tel*Link Corporation [telecommunications company that provides inmate calling services for correctional facilities]) inmate phone, Drury Inn in Mobile, AL, The Childrens Place (children's clothing store) in Mobile, AL, Five Guys (restaurant) in Mobile, AL, the City of Prichard, AL, and Alabama Power Company. (Photographic evidence was obtained). Per the Bank Account Statement, Member	A 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969128	A. BUILDING: _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELCARE WITH A VISION LLC	108 WAGNER ROAD BONIFAY, FL 32425

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A 123	Continued From page 27 Number ending in 9172, deposits during the month of , , and included, but were not limited to: Electronic deposit from SSI (Supplemental Security Income), $1,962.22 Electronic deposit from SSA (Social Security Administration), $790.00 Electronic deposit SSA, $989.00 Electronic deposit from HCCLAIMPMT (Healthcare EFT [electronic funds transfer] Standard to identify a payment as healthcare), $1,250.00 Electronic deposit from HCCLAIMPMT, $3,750.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $173.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSA, $790.00 Electronic deposit from SSA, $989.00 Electronic deposit from HCCLAIMPMT, $1,250.00 Electronic deposit from HCCLAIMPMT, $3,750.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $173.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSA, $989.00 Electronic deposit from SSA, $790.00 Electronic deposit from HCCLAIMPMNT, $5,000.00 Electronic deposit from SSI, $2829.00 Electronic deposit from HCCLAIMPMNT, $1, 250.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $173.00 Electronic deposit from SSI, $943.00 Electronic deposit from SSI, $943.00	A 123		

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	AL11969128	A. BUILDING: _____ B. WING _____	12/10/2024

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A 123	Continued From page 28 The Bank Account Statements of , , and included expenditures which appeared to be personal and not business related. These expenditures included, but were not limited to: Debit card debit FDC (Florida Department of Corrections) Correctpay, -$134.90 Debit card debit Royal Inn Quincy Florida, -$250.00 Debit card debit Royal Inn Quincy Florida, -$100.00 Debit card debit Quincy Utilities, -$245.00 Debit card debit Talquin Electric (provides services to Gadsden, Leon, Liberty and Wakulla Counties in Florida, but does not provide services in Holmes county where ALF is located), -$20.83 Debit card debit Cozy Brown (restaurant) Mobile Alabama, -$65.78 Debit card debit Chuck E Cheese (arcade/restaurant) Mobile Alabama, -$41.00 Debit card debit Chuck E Cheese Mobile Alabama, -$26.40 Debit card debit Chuck E Cheese Mobile Alabama, -$6.92 Debit card debit Talquin Electric, -$356.81 Debit card debit funzpoints (a sweepstakes casino, where you can play casino-style games online), -$19.99 Debit card debit FDC Correctpay, -$311.90 Debit card debit GTL (Global Tel*Link Corporation [telecommunications company that provides inmate calling services for correctional facilities]) inmate phone, -$50.00 Debit card debit Talquin Electric, -$342.80 Debit card debit Talquin Electric, -21.71 Debit card debit funzpoints, -$19.99 Debit card debit funzpoints, -$49.99 Debit card debit Drury Inn Mobile Alabama, -$412.38	A 123		

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A 123	Continued From page 29	A 123		

Debit card debit Drury Inn Mobile Alabama, -$250.00
Cozy Brown Mobile Alabama, -$40.90
Debit card debit funzpoints, -$19.99
Debit card debit Chuck E Cheese Mobile Alabama, -$131.64
Debit card debit Chuck E Cheese Mobile Alabama, -$8.80
Debit card debit The Childrens Place (children's clothing store) Mobile Alabama, $-144.31
Debit card debit Five Guys (restaurant) Mobile Alabama, -$73.01
Debit card debit Five Guys Mobile Alabama, -$27.45
Debit card debit funzpoints, -$49.99
Debit card debit funzpoints, -$19.99
Debit card debit Drury Inn Mobile Alabama, -$458.97
Debit card debit City of Prichard Alabama, -$125.00
Debit card debit Alabama Power Company, -$304.77
Debit card debit Drury Inn Mobile Alabama, -168.20
Debit card debit funzpoints, -$49.99
debit card debit funzpoints, -$49.99
Debit card credit funzpoints, $395.96
Debit card debit Talquin Electric, -$20.85
Debit card debit funzpoints, -$19.99

On at approximately 11:05 AM, an interview was conducted with the Administrator, who stated she receives SSI electronic deposits into the facility's business account for Resident #2 in the amount of $943/month, Resident #4 in the amount of $989/month, Resident #10 in the amount of $838/month, Resident #12 in the amount of $173/month and Resident #16 in the amount of $943/month. The Administrator stated

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A 123	Continued From page 30 the SSI checks are received via mail for Resident #7 in the amount of $943/month and Resident #11 in the amount of $943/month are deposited into the facility's business account. The Administrator stated Resident #5 self pays $1,500/month, Resident #8 self pays $850/month, Resident #9 self pays $2,200/month, and Resident #18 self pays $1,500/month and those payments are also deposited into the facility's business account. The Administrator stated she receives no payments from Residents #3, 6, 13, 14, 15 and 17. She stated she has received no payments form Resident #1, but that they would start in (cross reference A0030 and A0120 regarding payments received for Resident #1). The Administrator stated the facility's bills are paid from the same account resident funds are deposited and there is not a separate account for resident funds and facility funds. The Administrator also stated her salary is paid from the facility's business account. The Administrator stated she uses the facility's business account sometimes for personal expenses and will count that towards her salary, but she does not keep a written accounting of those expenses or total amounts each month. The Administrator was unable to provide a separate written accounting for any of the resident. On at approximately 10:30 AM, a follow-up interview was conducted with the Administrator, who stated she does not have an accounting system for the facility funds or the resident funds. The Administrator stated she does not keep individual receipts for each resident's expenses but could start writing that down and saving the receipts. The Administrator stated she does not have a system for facility expenses.	A 123		

Agency for Health Care Administration

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A 123	Continued From page 31 Class II	A 123		