

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER LAUREL OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 3809 CAPPER RD JACKSONVILLE, FL 32218
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(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 A complaint survey, CCR# 2013000737, was conducted on _____, 2013. Laurel Oaks had one deficiency found at the time of the visit.	A 000		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or _____ of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or _____ facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the	A 167		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6000

P8MT11

If continuation sheet 1 of 4

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A 167	Continued From page 1 resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition, such as the resident's being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident's behalf. (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility's policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility's policies and procedures related	A 167			

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A 167	Continued From page 2 to a properly executed This Statute or Rule is not met as evidenced by: Based on closed resident record review, an interview with family of Resident #2 and an interview with the owner, the facility failed to provide a resident refund to one of three residents reviewed (#2). The findings include: A review of a closed resident record for Resident #2 revealed that the resident went to the hospital on 2012 and her personal belongings were picked up by the family on 2012. In an interview with the daughter of Resident #2 on 2013 at 10:30 am, it was revealed that the facility was supposed to provide a refund for the remaining rent from 2013 (the date after the residents' personal belongings were picked up by the family) through 31, 2012. She also stated that she had still not received a refund as of the date of phone conversation with the surveyor. An interview with Employee #2 on 2013 at 2:00 pm confirmed that Resident #2 was admitted to a local hospital on 2013, and that the family did pick up all the residents' personal belongings on 2012. Employee #2 stated that she had talked to the daughter of Resident #2 and the prior owner of the assisted living facility, and thought that he (the prior owner) had paid the resident's daughter the amount she was owed. She was not able to provide appropriate documentation to ensure that	A 167			

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A 167	Continued From page 3 the resident received a refund within 45 days after it was determined the resident required a higher level of care and the residents' personal effects were removed from the facility. A review of the residency agreement revealed that the resident was paying \$1400.00 per month as rent or \$45.16 per day in _____ of 2012. The prorated refund for the remaining 16 days in the month of _____ totaled of \$722.58. Class II	A 167			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Laurel Oaks
3809 Capper Road
Jacksonville, FL 32218

Re: CCR #2013000737

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. **A recommendation for sanction has been forwarded to the Central Office in Tallahassee for failure to provide timely refund. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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