STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966633	R **05/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LA PURISIMA	**100 SW 36 AVENUE CORAL GABLES, FL 33135**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Investigation Survey Revisit (CCR #2014007726) was conducted on 05/21/15. La Purisima ALF had the following deficiency found at time of the survey.

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility still failed to honor its refund policy for one sampled residents.
Findings Included:
On / at 10:00 AM the administrator stated that she has tried to contact the mother of the resident to give the refund money, but the mother of the resident told them to please stop calling her because she did not want to keep talking about the same thing and on top of that she was not requesting any refund.
On / at 10:10 AM Surveyor requested the information of the mother of the resident to call, and the administrator and care giver stated that at that moment they could not provide that information and that they needed to look for it and that they were going to fax it together with some other documents that were missing.
On at 3:05 PM a fax was received with the documents requested but the only document missing was the contact information of the resident's mother to contact her.
On at 2:00 PM facility was contacted to request the documents, and the phone just rang and rang and no answer.
On at 9:00 AM several attempts were done to try and get the to contact information of the resident's mother and the facility phone was busy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
La Purisima
100 Sw 36 Avenue
Coral Gables, FL 33135

Dear Administrator:

This letter reports the findings of a Third Complaint Revisit Survey conducted on May 21, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

All deficiencies shall be corrected no later than , 2015.

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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

YOSF

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