STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968790	09/07/2016
NAME OF PROVIDER OR SUPPLIER **ANGELS WINGS SYNERGY RETREAT, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1920 N 44TH ST** **FORT PIERCE, FL 34947**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2016006560, was conducted on at Angels Wings Synergy Retreat, LLC (License #12653). The facility had a deficiency at the time of the investigation.

0167 Resident Contracts

Based on interview and record review it was determined the facility failed to specify in its contract with a resident or their representative the purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments , for 1 of 3 sampled residents (Resident #1). In addition, the facility failed to specify any additional services and charges to be provided that are not included in the monthly rate or reference a separate fee schedule that must be attached to the contract, for 1 of 3 sampled residents (Resident #1).

The Findings included:

During interview and record review conducted with the Administrator on beginning at approximately 11:00 AM, she was asked which residents she had received a deposit, prior to admission. She stated there were none. She was asked if there were any residents that she had received a deposit that was not accepted for admission. She replied Resident #1's brother had provided a $2500.00 deposit prior to assessing this potential resident for admission. She was asked if this resident was ever admitted. She stated no he was not. She stated during the process of the assessment she discovered that he required a puree diet and also required the use of a (which is something she does not have). She also stated that she found out with the use of a that 2 staff are required and she does not always have 2 staff on duty to provide assistance with this lift. She stated she did not accept Resident #1 for admission and his brother requested his deposit back. However, she stated she had spent some of those funds and sent Resident #1's brother an accounting of the funds that were spent.

She was asked if the deposit that was received on behalf of Resident #1 was held in a separate account from the operating funds of the facility. She replied she only has one account and it is the operating account of the facility. She stated she was not aware of the need to have a separate account for deposits.

Review of Resident #1's contract, dated / , indicated this resident's brother signed the contract as POA (power of attorney). This contract did not contain any documentation related to deposits or refunds of such deposits. Resident #1's brother provided a $2500.00 deposit to the facility while the

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Administrator was in the process of determining if the facility would be able to meet this potential resident's needs. The Administrator acknowledged that this potential resident (Resident #1) was never admitted to this facility and did not meet criteria for admission as he required the use of a for transfers. The Administrator stated she refunded a portion of the deposit to Resident #1's brother. However, she retained a portion for expenses incurred as follows:

a) $150.00: Time spent on evaluation and drive to hospital
b) $50.00: Drive to brother's office in Port St. Lucie signature and deposit
c) $75.00: Time spent on phone calls
d) $35.00: Rubbermaid 50-gallon garbage can
e) $25.00: 2 packs of Assurance pads 20 count
f) $34.00: 1 Playtex Baby Genie diaper pale
g) $52.00: 3 packs of 16 count Assurance briefs
h) $17.00: 1 pack of 3 refills Playtex Baby Genie bag replacements
i) $17.00: 1 pack of Assurance 36 count underwear

The bottom of this invoice, dated / , indicated "total billable hours and investments are $455.00".

The Administrator was asked to indicate where in her contract the above noted items were noted as billable services or products. She replied that the contract does not indicate this. She was asked how she determined she could bill for these items and services without a signed contract that provided permission to do so. She stated she spent the money for supplies for this potential resident and none of these items can be utilized for her current residents. She acknowledged that her contract did not set forth parameters to charge for the items and services that were charged to Resident #1's brother.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Angels Wings Synergy Retreat, LLC
1920 N 44th St
Fort Pierce, FL 34947

RE: CCR #2016006560

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on [redacted], 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com