STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968577	**11/13/2017**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ON THE LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1290 NW 8TH STREET** **BOCA RATON, FL 33486**	

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

0000 - Initial Comments

A Relicensure survey was conducted on 11/ at Havencrest on the Lake, License #12444. The facility had deficiencies at the time of the visit.

0167 - Resident Contracts - 58A-5.025 FAC

Based on facility records and staff interview, the facility failed to have a refund policy that conformed to Section 429.24(3), F.S. This affects all residents who have a contract with the facility.

The findings included:

During review of the facility contracts for Residents #3 and #4, it was noted that the refund clause within the resident's contract stated, "When your unit has been vacated and all your property has been removed from the Community, your Basic Services Rate will terminate. If your Unit is vacated and all your property has been removed prior to the fifteenth (15th) of the month, you or your estate will be entitled to a refund equal to one-half (1/2) of the Basic Services Rate you paid for the final month, less the cost of repairs or replacement that the Community is entitled to charge you or your estate under Section IX (B), below. If your Unit is vacated and all of your property is removed after the fifteenth (15th) of the month, you will not be entitled to any refund."

Section 429.24(3) of the Florida Statutes addresses required policy as it relates to resident refunds. The state regulations states, "The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee."

The current refund policy outlined in the facility's contract with the residents does not allow for a prorated refund based on the daily rate for any unused portion of payment beyond the termination date.

The regulatory wording of the mandated refund policy was discussed with the facility Manager on at 2:00 PM. The Manager provided no additional information for review.

Class

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on facility record review and staff interview, the facility failed to maintain the employment status of all employees within the clearinghouse, for 3 out of 3 employees (Staff B, Staff F and Administrator).

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

On , during review of the facility's employee roster within the AHCA Clearinghouse, Staff B, a Home Health Aide whose hire date was , and the acting Administrator were not listed as current employees of the facility. Also, Staff F, the Assistant Administrator who is no longer employed at the facility, did not have an end date documented in the clearinghouse.

During follow-up interview with the Facility Manager on at 11:14 AM, she acknowledged the employee roster needed updating stated she would make the corrections later that day.

Unclassified