STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963806	03/12/2019
NAME OF PROVIDER OR SUPPLIER **ORMOND IN THE PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 CLYDE MORRIS BLVD** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR# 2018018105 and CCR# 2019001348, was conducted on , and at Ormond in the Pines (License # AL5535). Ormond in the Pines had deficiencies found at the time of the survey.

0168 - Resident Refund Policy - 429.24(3)(a) FS; 429.27(7), FS

Based on interview and record review, the facility to refund 2 of 3 sampled residents or responsible party within 45 days after the transfer, discharge, or of the resident.

The findings include:

1. During an interview with the Business Office Manager on at 9:57 AM, she stated when a resident goes out to the hospital the assisted living fee for care gets dropped. She stated the facility would only charge the base rent until the apartment is vacated. If the resident is in the hospital the assisted living care fees are dropped the 14th day after they leave unless the family reports earlier they are not coming . If they report they are not coming they drop the fees that day. If someone dies they drop the fees the day they pass. The base rent goes until the apartment is vacated and everything is moved out. She stated the facility refund policy is to pay within 45 days.

Record review for Resident #1 found an email to the last Administrator from the Business Office Manager (BOM) dated . The BOM wrote, "This resident has already given notice. "Financial System Name" has her rent responsible through . She is an assisted living resident. She , . Apartment was vacated today, . Please approve stop billing as of . Please obtain whatever approvals needed and send to (Name given) and please copy me."

The findings were confirmed during an interview with the BOM on at 11:00 AM. She stated since the resident passed on , and the apartment was vacated on she should have been reimbursed to . She further stated on at 11:23 AM, the resident's family was entitled to a refund of $82.22 for and $679.73 for . She confirmed the $76.15 had not been refuneded.

2. Record review for Resident #3 found her date of contract had an move in date. Record review of her financial records found she had a non-refundable community fee of $3,050.00 and a monthly fee of $2,356.00. Her contract rate for was $3,372.67 and was $3,372.67. The resident paid $5,534.53 on for her for one day in , her

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base rate, the entire community fee and background screening fee of $35.00. Effective her cost of care included $1,575 for a monthly rate of $3,931.00. Further record review for Resident #3 found the facility took $1826.94 out of her account on . There were no refunds found on the financial record for the resident.

During an interview with Business Office Manager on at 1:30 PM, she stated, Resident #3 went to the hospital on . Her assisted living care fees were dropped on and her apartment was vacated on . The Business Office Manager stated on at 2:06 PM, she dropped the assisted living fees for the resident's care on because she became aware the resident was not coming . She stated, Resident #3 should have only been changed for the base rent from /2019, at $76 per day, times 10 days, for a total of $760.00. The Business Office Manager stated they owe the resident $1066.94. She confirmed the refund should have been made within 45 days.

A telephone interview was conducted with Resident #3's son on at 3:11 PM. He stated that his mother had a a few days before the end of the year. She went out to the hospital. He stated he notified the facility she was not coming due to needing a higher level of care. He did not recall the exact date. He stated he removed all of her furniture from her apartment on . He confirmed the facility took $1826.94 out of her account.

Photographic Evidence Obtained

Class III