

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105952	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Aviata at Grand Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 3001 Palm Coast Parkway SE Palm Coast, FL 32137	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy and procedure review, the facility failed to ensure residents' refunds were refunded within 30 days after discharge for 1 (Resident #1) of 4 residents sampled for timely discharge refunds. The findings include: Record review for Resident #1 showed the resident was discharged /deceased on [DATE]. Record review of the Transaction Report by effective date [DATE] through [DATE] (printed on [DATE]) for Resident #1 showed a total due from Resident Liability of (\$2,853.16). (Copy obtained) On [DATE] at 10:35 AM, the Business Office Coordinator stated she had been at the facility for only a few weeks and was unaware Resident #1 had not received a refund. During the interview, the Administrator stated he has worked at the facility since [DATE]. He acknowledged that he was aware of two separate families unrelated to Resident #1, that were due refunds and have now been paid. The Administrator stated he was not familiar with a letter sent about Resident #1 refund but confirmed that the refund was not yet verified or issued. The facility has accounts for deceased residents still showing money. The plan is to contact the beneficiaries of these residents to issue the checks. The payment timeline would take 7-10 days to get the regional office involved and process checks. Review of an email from Director of Business Office Services to Administrator dated [DATE] at 12:32 pm, revealed the facility planned to issue a refund to Resident #1's son in the amount of \$2,853.16 with an anticipated date of [DATE]. (Copy obtained) Review of the facility's FL admission Packet/admission Agreement (no date) section 5. Refunds: revealed: The Center will refund any overpayment due to the Patient within state and or federal guidelines. In the event of the Patient's death or discharge, refunds and any of the Patient's personal property remaining in the Center will be returned to the Patient, Patient's estate, or other person authorized by law pursuant to state and federal law. (Copy obtained) Review of the facility's policy and procedures titled: Refunds - Accounts Receivables revision date: 2/2022, revealed Policy: Upon confirmation that an overpayment was made on a resident's A/R account, the Business Office shall process a refund according to state regulations or according to payer guidelines. Procedure: After refund balances are verified, the Business Office shall begin the refund workflow process. Private Pay: Once a refund has been confirmed with supporting documentation and account notes, a check or electronic retraction will be issued. If a refund check is needed, the Business Office should submit a request on the A/R Refund Workflow for processing; located on the Company Intranet portal> My Apps>AR Refund Workflow. 1. The Business Office initiates the original request through the AR Refund Workflow with supporting documentation. 2. The AR Refund Workflow system then prompts an email notification to the next authorized approver that a refund request is pending review. (Copy obtained)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE