

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Arabella Health & Wellness of Carrabelle		STREET ADDRESS, CITY, STATE, ZIP CODE 239 Crooked River Road Carrabelle, FL 32322	

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)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48176</p> <p>Based on record review and interview, the facility failed to refund money owed to family after the resident expired for 1 out of 3 clients sampled. (Resident #1)</p> <p>The findings include:</p> <p>During a record review of Resident #1's closed file, it was discovered that on [DATE], Resident #1 expired and had a balance of \$2,275.00 with the facility after all accounts were settled.</p> <p>On [DATE] at approximately 11:20 AM, the resident's Power of Attorney (POA) was called for an interview. She stated she had been calling the facility to inquire about the refund on a weekly basis for several months after the resident's death. She also stated it was confirmed by the Business Office Manager that money was in fact owed to the family and the money would be refunded soon and sent to her. The POA stated this never happened. Despite repeated calls and emails to local and corporate contacts, she never received a call back.</p> <p>On [DATE] at 11:47 AM, an interview was held with the Business Office Manager and the Facility Administrator. When asked about the refund, the Business Office Manager stated that she was aware it was very late. She had done her part by sending the request to corporate to process the refund, but it had not been done. The Business Office Manager stated that she has been in that position since [DATE] and has been working on getting this refund done since, but does not have the capability to actually sign off on the refund. The process is to send the request to corporate accounts payable, but that position was vacant for a while. The Facility Administrator stated, I understand her frustration, this did take so much longer than it should have. She also stated that that is not the usual time frame, and all refunds should go out within 30 days.</p> <p>On [DATE] at approximately 2:00 PM, the facility received a check from the corporate office and the Administrator stated that she was going to insure the resident's family received the refund.</p> <p>A review of the facility's Procedure called, Conveyance on Residents Funds Upon Death, revealed that the facility will process a refund within 30 days as provided by State law.</p> <p>(continued on next page)</p>

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
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Admission Packet stated on the second page, under section C. Security deposits C/3 Moneys paid on behalf of the Resident for services not used shall be refunded to the Residents within thirty (30) days after discharge provided financial balances due for all charges have been paid in full. Any outstanding balanced owed to the facility will be deducted from the refund. In the event of a Residents death, all refund checks will be made out to the Residents estate.</p>