

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER PINE TRAIL NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4445 PINE FOREST DR LAKE WORTH, FL 33463		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	INITIAL COMMENTS An unannounced licensure complaint survey, complaint number 2025004125, was conducted on _____ at Pine Trail Nursing and Rehab Center. The facility was had deficiencies at the time of the survey. Complaint number 2025004125 was substantiated and cited at N196.	N 000		
N 196 SS=B	400.022(1)(h)4, FS Resident Funds to Estate 4. Upon the _____ of a resident with personal funds deposited with the facility, the facility must convey within 30 days the resident's funds, including interest, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or, if a personal representative has not been appointed within 30 days, to the resident's spouse or adult next of kin named in the beneficiary designation form provided for in s. 400.162(6). This Statute or Rule is not met as evidenced by: Based on a review of the admission packet, record reviews, and interviews, the facility failed to refund to the resident or resident representative all refunds due to the resident within 30 days from the resident's date of /discharge from the facility, for 3 of 3 sampled residents, Resident #1, Resident #2, and Resident #3. The findings included: The facility's admission packet stated that the facility will refund any overpayment within 30 days. 1. Record review revealed Resident #1 expired	N 196	Facility denies and disputes the validity of this citation and completes this POC solely to meet the requirements of State licensure and Federal regulations. Facility further denies any and all statements, acknowledgements, confirmations, or comments attributed to facility staff as strictly hearsay 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;	

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Electronically Signed

/25

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NAME OF PROVIDER OR SUPPLIER
PINE TRAIL NURSING AND REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**4445 PINE FOREST DR
LAKE WORTH, FL 33463**

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N 196

Continued From page 1

on and had a refund amount of greater than \$1040.00 owed to the resident. During an interview with Resident #1's daughter on at 12:00 PM, the daughter said that the family received the check last Thursday () for the amount of money owed to her. That was approximately 3 months and 8 days after the resident's expired from the facility.

Review of documents provided by the Business Office Manager (BOM), showed a refund to the Resident / Payer, Resident #1, which was processed on in the amount \$30.00. There was an additional refund to the Resident / Payer Resident #1 processed on in the amount \$1057.15. Photographic Evidence Obtained.

2. Record review revealed Resident #2 was discharged on . Documentation provided by the BOM showed a refund processed on in the amount \$23,857.87. This was approximately 3 months and 19 days after the resident's discharge from the facility. Photographic Evidence Obtained.

3. Record review revealed Resident #3 expired on . Documentation provided by the BOM showed a refund processed on for the amount \$664.63. This was approximately 3 months and 19 days after the resident's discharge from the facility. Photographic Evidence Obtained.

An interview was conducted with the BOM on at 12:50 PM, who was asked to describe the refund process. She explained that when a patient is discharged (or expired), the facility has 30 days to refund any money that was

N 196

Resident # 1 refund issued
Resident # 2 refund issued
Resident # 3 refund issued

(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;

Quality review of discharged residents since to current to ensure refunds are issued within 30 days of discharge by the Business Office Manager/ designee to be completed by .

(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;

Business Office Manager re-educated by the Administrator on the components of this regulation and to ensure refunds are issued within 30 days of discharge completed

(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;

Ongoing quality monitoring to be completed by the Business Officer Manager /designee to ensure refunds are issued within 30 days of discharge 2 x weekly x 4 weeks then weekly and PRN as indicated.

The findings of these quality reviews will be reported to the Quality

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NAME OF PROVIDER OR SUPPLIER PINE TRAIL NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4445 PINE FOREST DR LAKE WORTH, FL 33463
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N 196	<p>Continued From page 2</p> <p>due to the resident or to their family. She said she provided a package for each resident to the corporate office who in turn processes their refunds.</p> <p>The BOM stated on _____ at approximately 2:50 PM, that the requested reports of the refunds were just sent to the facility by the corporate office. The surveyor and the BOM reviewed the refund dates for Residents #1, #2, and #3.</p> <p>On _____ at 3:00 PM, the BOM was asked why she thought the residents or family representatives waited so long (more than 3 months), to receive their refunds. The BOM stated she thought she had sent the packages (refund requests) to the corporate office on time. She stated that maybe the corporation sent the check, and it came _____. She added that she previously didn't have access to the report that showed the dates that the checks were issued. The BOM agreed with the findings.</p> <p>Class</p>	N 196	<p>Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105835	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/22/2025
NAME OF PROVIDER OR SUPPLIER PINE TRAIL NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4445 PINE FOREST DR LAKE WORTH, FL 33463		
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F 000	INITIAL COMMENTS An unannounced licensure complaint survey, complaint number 2025004125 was conducted on _____ at Pine Trail Nursing and Rehab Center. The facility was not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Complaint number 2025004125 was substantiated and cited as F582.	F 000			
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the	F 582			

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

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(X6) DATE

Electronically Signed

/2025

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.

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F 582	<p>Continued From page 1</p> <p>Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>() The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a review of the admission packet, record reviews, and interviews, the facility failed to refund to the resident or resident representative all refunds due to the resident within 30 days from the resident's date of discharge from the facility, for 3 of 3 sampled residents, Resident #1, Resident #2, and Resident #3.</p> <p>The findings included:</p> <p>The facility's admission packet stated that the facility will refund any overpayment within 30</p>	F 582	<p>Facility denies and disputes the validity of this citation and completes this POC solely to meet the requirements of State licensure and Federal regulations. Facility further denies any and all statements, acknowledgements, confirmations, or comments attributed to facility staff as strictly hearsay</p> <p>1) What corrective action(s) will be</p>	

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F 582	<p>Continued From page 2 days.</p> <p>1. Record review revealed Resident #1 expired on _____ and had a refund amount of greater than \$1040.00 owed to the resident. During an interview with Resident #1's daughter on _____ at 12:00 PM, the daughter said that the family received the check last Thursday (_____) for the amount of money owed to her. That was approximately 3 months and 8 days after the resident's expired from the facility.</p> <p>Review of documents provided by the Business Office Manager (BOM), showed a refund to the Resident / Payer, Resident #1, which was processed on _____, in the amount \$30.00. There was an additional refund to the Resident / Payer Resident #1 processed on _____ in the amount \$1057.15. Photographic Evidence Obtained.</p> <p>2. Record review revealed Resident #2 was discharged on _____. Documentation provided by the BOM showed a refund processed on _____ in the amount \$23,857.87. This was approximately 3 months and 19 days after the resident's discharge from the facility. Photographic Evidence Obtained.</p> <p>3. Record review revealed Resident #3 expired on _____. Documentation provided by the BOM showed a refund processed on _____ for the amount \$664.63. This was approximately 3 months and 19 days after the resident's discharge from the facility. Photographic Evidence Obtained.</p> <p>An interview was conducted with the BOM on _____</p>	F 582	<p>accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident # 1 refund issued Resident # 2 refund issued Resident # 3 refund issued</p> <p>(2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken;</p> <p>Quality review of discharged residents since _____ to current to ensure refunds are issued within 30 days of discharge by the Business Office Manager/ designee to be completed by _____</p> <p>(3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur;</p> <p>Business Office Manager re-educated by the Administrator on the components of this regulation and to ensure refunds are issued within 30 days of discharge completed</p> <p>(4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place;</p> <p>Ongoing quality monitoring to be completed by the Business Officer Manager /designee to ensure refunds are issued within 30 days of discharge 2 x _____</p>		

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F 582	<p>Continued From page 3</p> <p>at 12:50 PM, who was asked to describe the refund process. She explained that when a patient is discharged (or expired), the facility has 30 days to refund any money that was due to the resident or to their family. She said she provided a package for each resident to the corporate office who in turn processes their refunds.</p> <p>The BOM stated on at approximately 2:50 PM, that the requested reports of the refunds were just sent to the facility by the corporate office. The surveyor and the BOM reviewed the refund dates for Residents #1, #2, and #3.</p> <p>On at 3:00 PM, the BOM was asked why she thought the residents or family representatives waited so long (more than 3 months), to receive their refunds. The BOM stated she thought she had sent the packages (refund requests) to the corporate office on time. She stated that maybe the corporation sent the check, and it came . She added that she previously didn't have access to the report that showed the dates that the checks were issued. The BOM agreed with the findings.</p>	F 582	<p>weekly x 4 weeks then weekly and PRN as indicated.</p> <p>The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly x 2 months or until substantial compliance is met then quarterly ongoing. Schedule to be modified PRN based on findings.</p>	