

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

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Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105431	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2024
NAME OF PROVIDER OR SUPPLIER  Courtyards of Orlando Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 Mercy Drive Orlando, FL 32808	
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 0569  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51234</p> <p>Based on interview and record review, the facility failed to provide a refund, and a final accounting of the resident's funds deposited with the facility within 30 days of the resident's discharge, for 1 of 3 residents sampled for personal funds, (#1).</p> <p>Resident #1 was admitted to the facility on [DATE] and discharged from the facility to the community on 6/27/24.</p> <p>Review of the facility's Admission Agreement signed by resident #1's financial power of attorney on 1/13/22 revealed the facility would refund any deposits held by them within thirty days from the resident's date of discharge.</p> <p>Review of the facility's Policy and Procedure Manual in the section regarding Resident Personal Funds, issued 4/01/22 and revised 1/01/24, under the Procedure section item 6. Within thirty (30) days of a resident's discharge or death, the facility will refund the resident's personal funds and provide a final accounting of those funds to the resident, the resident's representative or to the resident's estate, as applicable.</p> <p>In a telephone interview on 8/19/24 at 8:31 AM, resident #1's financial power of attorney said she had received one refund check for \$3,266 from the facility since resident #1's discharge over 30 days after resident #1's discharge. She said she was told the facility held funds and there was still an outstanding refund of \$813.00 due. The financial power of attorney said she had requested an itemized statement of how resident #1's funds had been disbursed since resident #1's original admission on 1/13/22 but had yet to receive the statement.</p> <p>On 08/19/24 at 12:41 PM, the Business Office Manager she said she believed resident #1's financial power of attorney was still owed \$813.00. She verified the resident was discharged from the facility 06/27/2024. The Business Office Manager explained the money was overdue by 23 days beyond the 30 days from Resident #1's facility discharge.</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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a telephone interview on 8/19/24 at approximately 12:45 PM, the Accounts Receivable Specialist of the facility's contracted Accounting Group verified Resident #1 was discharged on [DATE]. She verified the facility owed Resident #1's financial power of attorney a refund from Resident #1's facility held account related to July 2024 and August 2024. She said it usually took about 30 days to provide a refund from a resident's date of discharge. She verified the refund was currently late over 30 days since resident #1's discharge and a full refund had not yet been issued to resident #1's financial power of attorney. She said she would contact her colleague in Accounts Payable who had the authority and ability to issue checks to have a refund check cut that day and mailed to resident #1's financial power of attorney.</p> <p>On 8/19/24 at 1:20 PM, the Business Office Manager, with the Director of Nursing and Administrator present, provided a document titled Resident Statement Landscape related to the facility held bank account and pointed to the line dated 7/01/24 that showed a balance of \$818.02. The next line dated 7/03/24 indicated resident #1's Social Security funds of \$1,212.00 had been credited to the account. The total was then \$2,030.02. Also, on 7/03/24 a line item indicated, CARE COST AUTO WDL (withdrawal), with a debit of \$813.00 which the Business Office Manager said indicated what the facility charged to provide care. She verified resident #1 was no longer at the facility at that time, but the facility still received resident #1's Social Security money on 7/03/24 and had an automated withdrawal regarding facility care that was not provided. The total was \$1, 217.02. There was a credit adjustment on 07/25/2024 of \$2,049.55 which the Business Office Manager said related to a bank account balance that had been transferred from one bank to another when a change in resident fund banks had been made earlier in the year. The total of \$3,266.60 was provided by check to resident #1's financial power of attorney later than 30 days after resident #1 was discharged . The Business Office Manager could not explain why she could only see that \$813.00 from July 2024 was still due to Resident's #1's financial power of attorney which was less than the refund amount confirmed by the facility's contracted Accounts Receivable Specialist.</p> <p>On 8/19/24 at 3:12 PM, the facility's contracted Accounts Receivable Specialist said resident #1's facility held account did not get closed soon enough after Resident #1's discharge which caused resident #1's July 2024 Social Security funds to be deposited into the account. She explained there was a further delay by the facility in closing resident #1's facility held account, and resident #1's Social Security funds related to August 2024 were also received. The Accounts Receivable Specialist said these deposits should not have happened.</p>		