



# Nursing Home PATIENT TRUST SURETY BOND

KNOWN TO ALL PERSONS BY THESE PRESENT THAT \_\_\_\_\_ (nursing home) of \_\_\_\_\_ (nursing home street address) (county) (city/state/zip) as Principal and \_\_\_\_\_ a Surety Company organized under the laws of the state of \_\_\_\_\_ and licensed to do business in the state of Florida as Surety, are held and firmly bound unto the Agency for Health Care Administration, the obligee, in the total penal sum of \_\_\_\_\_ dollars ( \_\_\_\_\_ ) lawful money of the United States of America, for which sum well and truly to be paid said Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally firmly by these present.

A. WHEREAS, The above named Principal is a nursing home as defined in Chapter 400, Part II, Florida Statutes, and as such, is a licensee under Chapter 400, Part II, Florida Statutes and

B. WHEREAS, Section 400.162(5)(b), Florida Statutes, requires each nursing home to post a surety bond, in an amount equal to twice the average monthly balance in the patient trust fund during the prior year or \$5,000.00, whichever is greater.

NOW, THEREFORE, the condition of this obligation is such that is the above named Principal shall: (1) well and truly hold separately and in trust all patients' funds deposited with Principal as a nursing home and (2) shall administer said funds on behalf of said patients in the manner directed by Section 400.162, Florida Statutes, and (3) shall render true and complete accounts to the patients, the depositors and the Obligee when requested, and (4) upon termination of each such deposit , shall account for all funds received thereunder, expended and held on hand, then this obligation shall be null and void, otherwise to remain in full force and effect.

This bond is executed and accepted subject to the following conditions:

- (1) The Agency for Health Care Administration or, with the written consent of the Secretary of such Agency, any aggrieved patient or depositor, may maintain in his own name, an action on this bond, to recover for Principal's alleged breaches of the contract hereof, in any Court of competent jurisdiction in the state of Florida. (2) This bond shall be effective as of 12:01 a.m. of \_\_\_\_\_, and shall continue in full force and effect until \_\_\_\_\_ .

IN WITNESS WHEREOF, the parties hereto have affixed their hands seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal's Representative

\_\_\_\_\_  
Surety Company's Representative

Upon issuance of renewal, forward original to address shown below. Upon cancellation or non-renewal advise office indicated below no less than 30 days in advance giving reason for such action.

Agency for Health Care Administration  
Long Term Care Unit, MS 33  
2727 Mahan Drive  
Tallahassee, FL 32308