

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER EMERITUS AT CLEARWATER			STREET ADDRESS, CITY, STATE, ZIP CODE 2750 DREW STREET CLEARWATER, FL 33759		
(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	
A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2012008313, was conducted on _____ in conjunction with a revisit survey, see (Aspen Event YOE712). The Emeritus of Clearwater assisted living facility had a deficiency found at the time of the visit.	A 000			
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with _____ (b) The resident ' s records shall be available to the resident, and the resident ' s legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident ' s estate, and such additional parties as authorized in writing. (c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public. 1. Requestors shall be required to provide identification prior to review of records. 2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report. (d) The facility shall ensure the availability of records for inspection.	A 164			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0000

C84T11

If continuation sheet 1 of 2

Agency for Health Care Administration

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A 164	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the availability of records for inspection on 1(#3) of 10 residents sampled. Finding include: On _____, a record review was conducted on resident #3 file. At that time the resident's record that contained the resident agreement was not available. On _____ at 4:30 p.m., an interview was conducted with the administrator. At that time she stated that she is unable locate the record. She did state she will redo the residents agreement and other administrative paperwork that the facility requires on residents. Class III 	A 164			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Emeritus at Clearwater
2750 Drew Street
Clearwater, FL 33759

Dear Administrator:

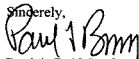
Re: **CCR# 2012008313**

This letter reports the findings of a complaint survey that was conducted on . 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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