STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966229	07/22/2015
NAME OF PROVIDER OR SUPPLIER **ADVANTAGE SENIOR LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 SW 47TH AVENUE** **FORT LAUDERDALE, FL 33317**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on 2015. Advantage Senior Living Facility LLC had licensure deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the provider failed to ensure that 1 out of 2 sampled residents' records reviewed contained a completed health assessment (Resident #2).

Findings include:

Record review of Resident #2's health assessment revealed section D, which required the physician's professional opinion to if Resident #2's needs can be met in assisted living facility, was left blank

On at 10:50 AM, the Administrator reviewed Resident #2's health assessment and acknowledged that it was incomplete.

Class III

0162 Records - Resident

Based on record review and interview, the provider failed to ensure resident records for 1 out of 2 (#1) sampled residents (SR)contained a signed written informed consent for assistance with self-administration of medication.

Findings include:

Record review of SR#1's record revealed a written informed consent for assistance with self-administration of medication. Further review revealed it was blank.

A review of SR#1's medication observation record revealed SR#1 had received medications for dates thru

On at 10:35 AM, the administrator reviewed SR#1's records and acknowledged it contained

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ADVANTAGE SENIOR LIVING FACILITY LLC	1701 SW 47TH AVENUE FORT LAUDERDALE, FL 33317

SUMMARY STATEMENT OF DEFICIENCIES
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a blank written informed consent for assistance with self-administration of medication and stated that everyone receives assistance with medication.

Class III

0167 Resident Contracts

Based on record review and interview, the provider failed to ensure that 1 out of 2 (#1) sampled resident (SR) contract was executed by the resident or the resident's legal representative.

Findings include:

A review of the SR#1's contract revealed the contract was signed and dated on .
On at 10:30 AM, the administrator reviewed SR#1's contract and stated that it was signed by SR#1's daughter. Further record review revealed no documentation showing SR#1's daughter is SR#1's legal representative.

On at 10:30 AM, the administrator acknowledged not having documentation showing that SR#1's contract was executed by SR#1's legal representative and stated that she had asked the daughter for the documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Advantage Senior Living Facility Llc
1701 Sw 47th Avenue
Fort Lauderdale, FL 33317

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than . 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
XG90

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