STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	**04/07/2017**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, a complaint survey, CCR# 2017002566, was conducted in conjunction with a revisit to a biennial and a revisit to a complaint survey, (CCR#201601477) at Park Place ALF. A deficiency was identified at the time of the visit.

(license #8284)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to provide care and services appropriate to the needs of one resident (#6) accepted for admission to the facility.

Findings included:

A record review was conducted for resident #6. Resident #6 current health assessment (form 1823) signed by a licensed physician stated they required supervision with all activities of daily living (ADL's) to include transferring and ambulation. Additionally it stated resident #6 is required to receive three times a week.

An interview was conducted with resident #6, who stated the facility arranged transportation to and from . They stated sometimes it would be in a taxi and sometimes in a wheelchair van. They stated there was not anyone to help them in and out of the taxi. The taxi does not provide a trained driver to provide supervision as required for their ADL's.

An interview was conducted with the administrator, who stated they did arrange transportation for resident #6. They stated they did sometimes send a taxi, which is not equipped to provide the supervision that is required for resident #6. They stated they have requested that a wheelchair van to be sent for future appointments.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	**04/07/2017**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

SUMMARY STATEMENT OF DEFICIENCIES
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