STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	**05/18/2017**
NAME OF PROVIDER OR SUPPLIER **AMELIA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2135 40TH AVENUE N.** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial survey with LMH was conducted at Amelia ALF on , 2017. Deficient practice was identified during the survey.

License# 1052

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to honor the right to live in a safe and decent living environment, free from the ongoing issue of bed bugs for two of seven residents sampled (Resident # 1 and #6).

Findings include:

On , 2017 at 1:17 PM, the surveyor observed living bed bugs on the walls and bed bugs collected by the resident beside the bed in the occupied resident #1. In # a bed bug was observed crawling along the baseboard. Observed white powder along the baseboards in .

In an interview with housekeeping staff D on , 2017 at 1:45 PM, she confirmed the ongoing sighting of bed bugs in 1 and 2 for several weeks. She states residents belongings are placed in the heating machine, that the director, Adrianne treats the , and she cleans the bedding and clothing with hot water anytime they are seen.

At 4:45 PM on , 2017, an interview with facility director, Adrianne Barnes, LPN confirmed bed bugs are an ongoing issue. She stated no outside pest control has been in to treat the bed bugs and she is waiting for the company to respond to her inquiry.

Class III