STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	**06/25/2017**
NAME OF PROVIDER OR SUPPLIER **AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3939 COUNTRY PL** **WINTER HAVEN, FL 33880**	

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

0000 - Initial Comments

Assisted Living Facility

On , a complaint survey, (CCR# 2017004056), was conducted at Ambitious Quality Care Assisted Living. Deficiencies were identified during the visit.

(license #11988)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to ensure 6 of 6 (#1, #2, #3, #4, #5, #6) resident medication observation records (MOR) reviewed were signed and initialed by the staff assisting with assistance with self-administration of medication as required.

Findings included:

On a review of 6 (#1, #2, #3, #4, #5, #6) resident medication observation records (MOR) were reviewed. The MOR's reviewed did not include signatures and initials of staff providing assistance with self-administration of medication.

On at 12:10 pm an interview was conducted with the Administrator. The administrator stated, "we did not know we had to sign them." "We never have before."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	**06/25/2017**
NAME OF PROVIDER OR SUPPLIER **AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3939 COUNTRY PL** **WINTER HAVEN, FL 33880**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to ensure 1 of 9 (B) employees who provide direct resident care met the background screening requirements or had an exemption from disqualification approved by AHCA. The facility failed to ensure 1 of 9 (A) employees who provide direct resident care initiated a level II background screening as required. Additionally, the facility failed to ensure a contractor (nurse) who provides direct resident care had a level II background screening.

Findings included:

A review of the background screening clearinghouse was conducted on . Staff A could not be located in the clearinghouse. Staff B had a level II background screening that was not eligible dated as of .

Interviews were conducted with 6 residents, 6 of 6 residents interviewed stated staff A and staff B do in fact work at the facility and provide direct care to include assistance with self-administration of medication.

An interview was conducted with the owner on at 9:25 am. They stated staff B works in the facility.

An interview was conducted with the owner on at 2:20 pm. They stated, "staff A is my daughter and staff B is my granddaughter." "Well, yes they work here sometimes." I am not here all of the time." "Staff A is a back-up."

The administrator stated they have a contract with a nurse dated . The administrator stated "The nurse comes in once a month to assess the residents." "If we have a situation, they will come when we call them." "They come in once or twice during the week to fill the pill minders."

A review of a contract between the facility and the nurse dated was conducted on .

A review of the level II background screening clearinghouse was conducted on . The nurse had a level II background screening dated . The background screening expired .

Unclassified