STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	**07/31/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN ADVANCED SENIOR CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an up-to-date Background Screening Clearinghouse employee roster for all employees who are currently working at the facility.

Findings included:

Record review of Agency for Health Care Clearinghouse Employee Roster revealed that no employees, currently working at the facility, were included on the Employee Roster reviewed on .

During interview with administrator designee, on at 9:20 a.m., the administrator stated that she was not aware of any backgrounds screening roster until just recently and has not completed this process yet. Surveyor reviewed the facility active staffing schedule with administrator and confirmed all staff who provides care to residents. No further documentation was provided at this time.

(unclassed)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted in conjunction with complaint survey (CCR#2017008107), at American Advanced Senior Care, Assisted Living Facility, on . American Advanced Senior Care, Assisted Living Facility, had deficient practice identified at the time of the visit.

(License # 8782)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to maintain required documentation of an annual, negative examination for 2, (Administrator designee, Staff A), of 3 records reviewed.

Findings included:

An employee record review was conducted on . It was discovered that the staff A and administrator designee had no documented proof of an annual, negative examination (exam) in personal files.

An interview with the administrator designee on 9:45 A.M. confirmed she currently provides daily care and services to residents on a daily basis, however did not have a annual (examination) within the past year. The administrator designee confirmed staff A is on the staffing schedule and provides daily care to residents at the facility.

No further documentation was provided at this time.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

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NAME OF PROVIDER OR SUPPLIER **AMERICAN ADVANCED SENIOR CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

Based on interview and record review, the facility failed to show proof of required in-service training to satisfy the requirement for continuing education for a CORE trained adminsitratorfor 1 (administrator) of 3 employee records reviewed.

Findings included:

A review of employee records conducted on . . showed that the administrator's record did not contain a the required 12 hours of continuing education for CORE trained administrators.

The administrator was interviewed at 9:38 AM on . . and asked to show proof of 12 hour continuing education. The administrator stated that the proof of 12 hour continuing education could not be produced at this time. The administrator confirmed her tile as the administrator.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to ensure that a three day supply of food was on hand at all times.

Findings included:

On at 9:36 A.M, Staff C escorted surveyor to the emergency food closet in the kitchen of the facility. No food supplies were visible in the closet at that time.
On at 9:36 AM, Staff C confirmed the facility has not replenished the three day emergency food supplies, thus none was available to view.
The current census of the facility is 15 residents and there is no 3-day supply of food available in the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **AMERICAN ADVANCED SENIOR CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit an emergency management plan, to the local emergency management agency, for review and approval on an annual basis.

Findings included:

On a review of the facility records was reviewed, it was discovered the facility has no evidence of a certified emergency management plan in place at this time.

Administrator designee was interviewed at 11:00 AM on and asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. Administrator designee did not provide any documentation of an certified emergency management plan. The administrator designee stated that they did not submit the facility's emergency management plan to the local emergency management agency for an approval and the facility is working on it.

Class III