STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	09/22/2017
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)

0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2017010245 & CCR# 2017010723) were done in conjunction with a revisit to Change of Ownership (CHOW) state licensure survey at American Advance Senior Care Assisted Living Facility on . American Advance Senior Care, Assisted Living Facility, had deficient practice identified at the time of the visit.

(License # 8782)

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to provide social, recreational, educational and other activities to 4 of 8 (#2, #3, #4, and #5) sampled residents.

Findings included:

Review of activities calendar on at 11:15am revealed residents are scheduled to participate in an organized activity of Jenga at 11:00am. Observation of facility at 11:15am revealed Resident #2 in common area watching television, Resident #3 in bed area on his laptop, Resident #4 in bed area doing crossword puzzle, and Resident #5 asleep on couch in outside patio area.

1. Interview of Resident #2 on at 10:45am revealed no organized facility activity. Resident #2 reported the facility has nothing for them to do throughout the day. Resident #2 stated "I watch TV, go to bed and rest, and I read my Bible; I do this normally." Resident #2 reported attending community outings with family members.
2. Interview of Resident #3 on at 11:05am revealed no organized facility activity. Resident #3 reported "I like to play golf, watch TV (the stock market); I like to see what is going on in the world". Resident #3 reported there is a volunteer that comes every other Wednesday to play bingo with residents at the facility.
3. Interview of Resident #4 on at 11:36am revealed no organized facility activity. Resident #4 reported "I like to go shopping, I like to go for walks." Resident #4 stated the facility does not take them out. Resident #4 reported making suggestions for activitiesbut nothing was done about it.

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4. Interview of Resident #5 on at 12:34pm revealed no organized facility activity. Resident #5 reported liking bingo and watching tv (baseball and football). Resident #5stated bingo is once a week Resident #5 continued to state there is nothing to do here; no exercises or anything.

Interview with Staff "A" on at 1:11pm confirmed that the facility does not have an activities director. She stated the facility does not have activities for the residents to participate in at this time. Interview with Staff "B" on at 12:50pm revealed the facility does not present organized activities to residents. Staff "B" reported right now we don't have activities with them. We don't have an activities person. There is a lady that comes once a week and plays bingo with them.

Class III

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 ensure that each resident personal information is not posted for public view for 2 of 8 (#7 and #8) sampled residents.

Findings included:

Observation during tour of facility on at 1:32pm revealed that resident names and a list of current medications for residents #7 and #8 were posted on a wall above the medication cart in public view of anyone walking in the dining .

Interview with Staff "B" at the same time revealed that it was posted to remind staff of changes in dosage time and medications for residents #7 and #8. During the interview with Staff "A", she stated she was unaware the information was posted in public view.

Class III

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

Based on observation and interview the facility failed to ensure proper documentation of medications self-administered to residents for 1 of 8 (#6) sampled residents.

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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)

Findings included:

Observed medication pass on at 12:10pm. Observed Staff "B" pull medication packet from medication cart. Staff B" prepared 4oz cup of water for Resident #6. Staff "B" identified medication as " " to resident #6. Observed Staff "B" open packet and pour 1 tablet into resident #6's hand. Resident #6 placed pill into mouth and drank water provided by staff "B". Observed staff "B" ask resident #6 to open mouth to ensure medication was swallowed. Observed staff "B" put remainder of medications into medication cart and lock cart. Staff "B" did not document self-administration of medication to resident #6 on a Medication Observation Record (MOR).

An interview with Staff "B" at this time revealed the facility does not keep a record of medication administration to resident #6. Staff "B" stated that staff know she has been given medications by the number of missing packages from med cart. Staff "B" presented med package of another resident that revealed date, time, and initials of staff supplying the dosage. Staff "B" reported that the different type packaging of resident #6's medications does not allow staff to document in a similar manner.

Continued review of medication documentation procedure revealed there is no medication observation records for any of the residents. Staff "B" reported the facility is changing pharmacy companies, leading to difficulty in making prior MORs available.

Class III