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

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

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a Change of Ownership (CHOW) state licensure survey was done in conjunction complaint surveys, (CCR# 2017010245 & CCR# 2017010723), 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)

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.

Findings included:

On a review of the facility records was conducted and it was discovered the facility has no evidence of an approved emergency management plan in place at this time.

The administrator was interviewed at 10:12 AM on and asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. The Administrator/designee did not provide any documentation of an approved emergency management plan. The administrator stated no plan is in place at this time, they are still working on it.

Class III