STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968908	**10/03/2017**
NAME OF PROVIDER OR SUPPLIER **ADULT HOME ASSISTING CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2934 W CHESTNUT ST** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial relicensure survey was conducted at Adult Home Assisting Center, Inc. Deficient practice was identified during the survey.

(Lic. # 12737)

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

Based on record review and interview, the contracts for two of two residents sampled (#2; 3) did not properly outline under which circumstances the 45-day termination notification requirement could be waived.

Findings include:

A resident file review during the survey revealed that the contracts for both Residents #2 and #3 stipulated that when a resident exhibits harmful or offensive conduct towards other residents, the 45-day termination notice requirement may be waived. Further review of the contract found that it stated that "a 45-day notice may also be waived under conditions of non-payment, even after sending a written reminder..." However, this circumstance is not listed under resident rights; interview with the administrator at 11:30am on provided no clarification for this discrepancy.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the contract for one of two residents sampled (#2) was not complete.

Findings include:

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	AL11968908	**10/03/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
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A resident record review during the survey indicated that the contract for Resident #2 did not contain the daily, weekly or monthly rate being charged. Interview with the administrator at 11:45am on provided no explanation for this omission.

Class III