STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	R 11/20/2017
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

A 2nd revisit to the & change of ownership (CHOW) state licensure survey survey was conducted at American Advanced Senior Care on 11/ in conjunction with a revisit to the complaint surveys, (CCR# 2017010723 and CCR# 2017010245) and a monitoring visit for residents' well-being. Deficient practice was identified at the time of the visit.

(License # 8782)

0003 - Licensure - Change of Ownership (CHOW) - 58A-5.014 FAC

Based on interview and record review, the facility failed to follow requirements for a change of ownership (CHOW) as contained in Section 429.12 F.S., by notifying the residents, in writing, of the CHOW within 7 days after receipt of the new license for four (Resident #2, Resident #3, Resident #5, and Resident #7) of four residents sampled.

Findings included:

A review of records showed that the facility was provided a provisional CHOW license effective .
A review of records for Residents #2, #3, #5, and #7 conducted on showed no proof of written notification of residents or responsible parties of the CHOW.

An interview was conducted with the power of attorney (POA) for Resident #3 at 10:57 AM on .
The POA for Resident #3 stated that they did not receive written notification concerning a CHOW.

The Administrator was interviewed at 11:53 AM on and they stated that they did not know how residents and responsible parties were notified about the CHOW. Documentation regarding proof of written notification of the CHOW was requested from the Administrator at this time. The Administrator was unable to provide written proof of notification regarding the CHOW.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	R **11/20/2017**
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)

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

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

Findings included:

The Administrator was interviewed at 9:13 AM on and a request was made to provide proof of approval of the facility's emergency management plan. The Administrator stated that the facility did not have an emergency power plan and the local emergency management agency would not approve their emergency management plan without it.

Class III