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

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

(License # 8782)

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

Based on observation, interview, and record review, the facility failed to provide scheduled activities at least six days a week of not less than twelve hours per week for five (Residents #1, #2, #4, #6, and #7) of five residents sampled.

Findings included:

A review of the facility's activity calendar conducted on showed the activity "Coloring" scheduled on that date for 11:00 AM. There was no observation of any staff member conducting an activity at 11:00 AM.

Interviews were conducted with Resident #1 at 10:19 AM, Resident #2 at 10:36 AM, Resident #4 at 10:46 AM, and #7 at 10:22 on and the residents all stated that bingo was the only activity conducted, and only provided once a week. Resident #6 was interviewed on at 9:30 AM and stated that there were no activities conducted at the facility.

An interview was conducted with the Administrator at 11:53 AM on and they acknowledged that the 11:00 AM activity "Coloring" was not conducted. The Administrator stated that the facility was providing only 8 hours of activity per week.

Class III

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AMERICAN ADVANCED SENIOR CARE LLC	**2298 BELLEAIR ROAD CLEARWATER, FL 33764**

SUMMARY STATEMENT OF DEFICIENCIES
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0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain accurate medication observation records (MORs) recording each time a medication was refused by residents for one (Resident #5) of three residents sampled.

Findings included:

A review of 2017 MORs for Resident #5 showed the medication , Tab 20 MG with notations for the dates of through reading "physically unable to take". An order for , Tab 25 MG showed the notation "physically unable to take" on . An order for Cranberry Cap showed a notation on the MORs for as "physically unable to take".

An interview was conducted with Staff A and the Administrator on 11/ at 12:17 PM concerning the notations on Resident #5's MORs of "physically unable to take". Staff A stated that notation would mean that the resident was incoherent. Staff A stated that it was probably coded wrong and that the resident must have refused the medications. The Administrator stated that the staff needed re-training on the electronic MORs system.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure that prescriptions for residents who received assistance with self-administration of medications were refilled in a timely manner for one (Resident #7) of three residents sampled.

Findings included:

A review of Resident #7's medication observation records (MORs) was conducted on . Resident #7's MORs showed the medication Patch 5% with the notations dated through and through as "physically unable to take". The same medication was annotated on as "resident refused".

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

Staff A was interviewed at 12:17 PM on . . . concerning the notation of "physical unable to take". Staff A stated that the notation would mean that the resident was incoherent. When asked about Resident #7's Patch 5%, Staff A stated that the medication was not in the facility for the entire month. There was no documentation provided that the medication was discontinued by Resident #7's health care provider or any documentation of any efforts by the facility to obtain the prescribed medication.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review and interview, the facility failed to maintain accurate medication observation records (MORs) recording each time a medication was refused by residents for one (Resident #5) of three residents sampled.

Findings included:

A review of 2017 MORs for Resident #5 showed the medication , Tab 20 MG with notations for the dates of . . . through . . . reading "physically unable to take". An order for . . , Tab 25 MG showed the notation "physically unable to take" on . An order for Cranberry Cap showed a notation on the MORs for . . . as "physically unable to take".

An interview was conducted with Staff A and the Administrator on 11/ . . at 12:17 PM concerning the notations on Resident #5's MORs of "physically unable to take". Staff A stated that notation would mean that the resident was incoherent. Staff A stated that it was probably coded wrong and that the resident must have refused the medications. The Administrator stated that the staff needed re-training on the electronic MORs system.

As a result of the uncorrected class III deficiency regarding medication observation records for assistance with self-administered medications, the facility will be required to employ the consultant services of a licensed pharmacist or a licensed registered nurse. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

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

Class III