STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968630	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **OSPREY HEALTH CARE CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6775 40TH AVE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Change of Ownership (CHOW) state licensure survey with Extended Congregate Care (ECC), in conjunction with a capacity increase survey, and a complaint survey, was conducted on . . . . . The Bloom of St Petersburg, (formerly Osprey Health Care Center Llc), Assisted Living Facility, License # 12498, had a deficiency at the time of this visit.

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

Based on records review, interviews and observation, the facility failed to have documentation of an emergency plan approved by the local emergency management authority.

Findings included:

On . . . during a change-of-ownerhsip survey, the Administrator was asked to provide a copy of the facility's approved emergency plan. On at 12:00 PM, the Administrator presented a copy of a letter from local emergency management dated . A review of the letter revealed that the facility's emergency plan, that had been submitted was not approved.

The emergency plan letter dated went on to explain the reasons why the plan was not approved, one of them being that the facility's plan for providing a 7 day supply of potable water (for drinking purposes) and non-potable water (for showering and sewage removal) was not detailed and left questions for the reviewer of the plan. Other items that were not satisfactory or complete were that the facility's agreements for receiving facilities, mutual aid and transportation were not signed and updated annually, and there were other updates and corrections that were needed prior to the facility resubmitting their emergency plan back to Emergency Management. The letter stated that the plan should be resubmitted by . . . .

In an interview with the Corporate Director of Education and Development at 2:00pm, the Corporate Director of Education and Development stated that they had not yet resubmitted a revised emergency plan back to Emergency Management and that they planned to do so before deadline at the end of , 2018.

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During the survey, on at 12:30pm, an observation of facility kitchen and supply areas revealed the facility had 250 gallons of potable drinking water on hand for their emergency supply (48 cases of 35 16.9 ounce bottles and 28 gallon jugs = 250 gallons). The facility short of having 469 gallons of potable drinking water, which is required for a census of 67 residents (on), based on 1 gallon per resident per day for 7 days (67 x 1 gallon x 7 days = 469 gallons).

In an interview with the Food Services Manager on at 12:35pm, the Food Services Manager stated that the facility used their emergency drinking water supply during Hurricane Irma (, 2017) and that the supply had not yet been replenished. The Food Service Manager stated that a requisition for replenishing the depleted water supply was made to the facility owners, however so far the facility had not made a purchase of a new supply of drinking water in bottles, jugs or water bags.

Class III