STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	R 01/26/2018

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 2nd revisit to complaint surveys, (CCR# 2017010723 & CCR# 2017010245), was conducted at American Advanced Senior Care on , in conjunction with a 3rd revisit to a change of ownership (CHOW) survey. American Advanced Senior Care had deficiencies at the time of the visit.

(License # 8782)

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 three (Resident #1, Resident #2, and Resident #3) of three residents sampled.

Findings included:

A review of residents' medication observation records (MORs) was conducted on . A review of Resident #1's MORs showed that one of the resident's medications, Raberprazole Tab 20 MG , was not available from through . A review of Resident #2's MORs showed one of the resident's prescribed , D3, was not available on for the 5 PM dosage. A review of Resident #3's MORs showed that a medication, Patch, was not available from through .

An interview was conducted with the Administrator at 10:55 AM on concerning the review of the MORs and the lack of timely refills of medications for Residents #1, #2, and #3. The Administrator acknowledged that Resident #1's medication was not available from - , stated that they just called the pharmacy, and the medication would be delivered today. The Administrator reviewed Resident #2's MORs and acknowledged that their was not available on for the 5:00 PM dosage. The Administrator also reviewed Resident #3's MORs and acknowledged that the resident's medication was not available from through .

Class III

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

0058

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	R 01/26/2018
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)

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 three (Resident #1, Resident #2, and Resident #3) of three residents sampled.

Findings included:

A review of residents' medication observation records (MORs) was conducted on . A review of Resident #1's MORs showed that one of the resident's medications, Raberprazole Tab 20 MG , was not available from through . A review of Resident #2's MORs showed one of the resident's prescribed , D3, was not available on for the 5 PM dosage. A review of Resident #3's MORs showed that a medication, Patch, was not available from through .

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As a result of the uncorrected Class III deficiency regarding the lack of timely prescription refills for residents that received 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.

Class III