

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968024	(X3) DATE SURVEY COMPLETED 02/08/2018
NAME OF PROVIDER OR SUPPLIER BRISTOL COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3479 54TH AVE N SAINT PETERSBURG, FL 33714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced Limited Nursing Services (LNS) Monitoring Visit, in conjunction with a complaint survey, was conducted on _____. The Bristol Court Assisted Living, Assisted Living Facility, (License # 11970), had a deficiency at the time of this visit. N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC Based on records review and interview, the facility failed to employ or contract with a nurse to be available to provide limited nursing services (LNS), as needed by residents. Findings Included: A records review of the facility's limited nursing services (LNS) records on _____ revealed that the facility could not produce the required LNS information for an LNS monitoring survey. The Administrator stated, at 10:00am on _____, that the facility could not locate their LNS documentation, including the policies and procedures, documentation and a record of an employed or contracted nurse to provide LNS services, as needed by residents. The Administrator stated that the facility does not employ or contract with a qualified nurse to provide LNS services, but that they contract with a 3rd party home health agency to provide any nursing services that the residents in the facility would need. Class III		