STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910478	**03/08/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT THE FOUNTAINS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1255 PASADENA AVENUE, S.** **SAINT PETERSBURG, FL 33707**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR#2018002150 and #2018001293) was conducted at Inn At The Fountains from - . The Inn At The Fountains had deficiencies at the time of the investigation.

License (#83)

0160 - Records - Facility - 58A-5.024(1) FAC

Based on records review and interview, the facility failed to keep an up-to-date admission and discharge log listing the names of all residents and each resident's date of admission and date of discharge for 1 of 12 residents sampled (Resident #1).

Findings Included:

A review of the facility's Admission and Discharge Log at 9:45am on revealed that Resident #1's admission date was listed as , but no date of discharge or information regarding a discharge was noted on the log. A review of the facility's current census did not list Resident #1 as residing in the facility. A review of Resident #1's resident records revealed that the resident was admitted to the facility on and that the resident moved out of the facility on .

In an interview at 10:15am on , the Administrator stated the resident had been discharged from the facility but did not explain why the resident's discharge information was not listed on the Admission and Discharge Log.

Class III