STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	**04/06/2018**
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)

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018001448 & 2018002722) was conducted at American Advanced Senior Care on in conjunction with a 3rd Revisit to 9/22/17 & 11/20/17 & 1/26/18 Complaint CCR# 2017010723 & 2107010245. American Advanced Senior Care had a deficiency at the time of the investigation.

(License #8782)

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to provide proof that staff providing assistance with self-administration of medication received the initial 4 hour training for 1 (Staff C) out of 3 employee record reviewed.

Findings included:

An employee record review conducted on revealed that Staff C's record had no proof that they had completed the initial 4- hour assistance with self-administration of mediation training.

A review of medication observation records (MOR) was conducted on and it showed that on at 12 am and 6 am, Staff C assisted Resident #6 with , , 8 mg. Staff C signed off on the MOR for assisting the resident with self-administration of the medication.

An interview was conducted with the Administrator on at 2:10 pm and they confirmed that Staff C's record did not have a certificate for the initial 4- hour assistance with self-administration of medication training.

Class III