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

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 3rd Revisit to 9/22/17 & 11/20/17 & 1/26/18 Complaint CCR# 2017010723 & 2107010245 was conducted at American Advanced Senior Care on 4/6/18 in conjunction with a complaint investigation (CCR 2018001448 and 2018002722). 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 two (Resident #5 and Resident #7) of six residents sampled.

Findings included:

A review of residents' medication observation records (MORs) was conducted on . A review of Resident #5's MORs showed the medication , 0.5 MG oral tablet circled and initialed on for the 8 PM dosage. A note on the back of the MORs stated "out of med". A review of Resident #7's MORs showed D 600 MG-400 with doses circled and initialed on at 8 PM and at 8 AM. A note on the back of the MORs stated, "not given/reorder".

An interview was conducted with the Administrator at 11:53 AM on concerning medications not being available for assistance with self-administration. The Administrator reviewed Resident #5's MORs for the - 8 PM dosage of , and stated that the resident did not get the medication. The Administrator also reviewed Resident #7's MORs and acknowledged that the resident's D was not in the facility and the resident missed dosages on and . The administrator stated she "thought her son was bringing the medication" for Resident #7.

Class III

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

Based on record review and interview, the facility failed to ensure that prescriptions for residents who

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

received assistance with self-administration of medications were refilled in a timely manner for two (Resident #5 and Resident #7) of six residents sampled.

Findings included:

A review of residents' medication observation records (MORs) was conducted on . A review of Resident #5's MORs showed the medication , 0.5 MG oral tablet circled and initialed on for the 8 PM dosage. A note on the back of the MORs stated "out of med". A review of Resident #7's MORs showed D 600 MG-400 with doses circled and initialed on at 8 PM and at 8 AM. A note on the back of the MORs stated, "not given/reorder".

An interview was conducted with the Administrator at 11:53 AM on concerning medications not being available for assistance with self-administration. The Administrator reviewed Resident #5's MORs for the - 8 PM dosage of , and stated that the resident did not get the medication. The Administrator also reviewed Resident #7's MORs and acknowledged that the resident's D was not in the facility and the resident missed dosages on and .

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