STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968943	**05/23/2018**
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME III LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1851 EVERGREEN DR** **LAKE CLARKE SHORES, FL 33406**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at Amazing Grace Assisted Living Home III , License #12836 on , 2018. The facility had a deficiency identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, it was determined that the facility failed to have a resident assessed for continued residency in which the residents were documented on a new Resident Health Assessment (AHCA form 1823), for 1 out of 2 sampled residents (Resident #2).

Findings include:

During record review, and interview with employee A on , it was revealed that Resident #2 was admitted to the faciltiy on . At the time of admission, Resident #2 was on Hospice Care, as reflected by the IDT/Plan of Care (POC) and the AHCA form 1823 (dated) in the file. Record review revealed on , Resident #2 was discharged from Hospice care. However, the resident remained at the facility; no new assessment was completed to reflect the resident's current care needs, diagnosis and ADL abilities, nursing needs, etc. to ensure that the resident met the criteria for continued residency.

During an exit interview on conducted with the Owner and the Administrator , both acknowledged that the AHCA 1823 had not been updated. Additionally, the Owner stated that she would contact Resident #2's physician for an update.

Class III