STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969416	**10/17/2018**
NAME OF PROVIDER OR SUPPLIER **SHALLOW ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9035 SHALLOW FORD LN** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

An Initial licensure survey with Extended Congregate Care (ECC) was conducted on .

The Shallow Assisted Living Llc, Assisted Living Facility had deficiencies at the time of this visit.

E201 - ECC - Policies - 58A-5.030(2) FAC

Based on records review and interviews, the facility failed to have policies and procedures in place for extended congregate care services to promote resident independence, dignity, choice, and decision-making and failed to develop written policies and procedures consistent with an extended congregate care program.

Findings included:

A record review of the facility's extended congregate care policies and procedures conducted on revealed that the facility did not have any policies and procedures developed that would implement required elements of an extended congregate care program, such as: aging in place, extended congregate care admission and discharge policies, the nursing services the facility intends to provide, how they would meet specific needs for residents receiving extended congregate care services, conflict resolution and resident's choices of rooms and roommates, and how to involve residents in decisions involving any residents receiving extended congregate care services.

In an interview on at 2:00pm, with the Administrator and the Administrator's Agent, it was discussed that the facility did not have any policies and procedures in place for providing extended congregate care services, even though they were pursuing an application for an extended congregate care provisional license and said they would set up policies and procedures when they learned more about ECC. In another interview on at 4:15pm, the Administrator's Agent confirmed that the facility would pursue their application to obtain an extended congregate care specialty license.

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(3) FAC

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NAME OF PROVIDER OR SUPPLIER **SHALLOW ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9035 SHALLOW FORD LN** **PORT RICHEY, FL 34668**	

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

Based on records review and interviews, the facility failed to meet staffing requirements for a qualified extended congregate care supervisor and failed to have a nurse available to provide nursing services and monthly nursing assessments for residents receiving extended congregate care services.

Findings included:

During a records review on , the facility did not produce any record of having obtained the services of a licensed nurse to provide nursing services, participate in developing service plans and perform monthly nursing assessments for extended congregate care residents.

In an interview on at 2:00pm, with the Administrator and the Administrator's Agent, they stated the facility had not yet obtained the services of a nurse to provide the necessary services required for extended congregate care residents. It was also discussed during the interview that the Administrator of the facility had not yet passed the CORE licensure exam required for administrators of assisted living facilities.

In an interview on at 4:00pm, the Administrator's Agent stated that the Administrator did not have the minimum 2 years of experience of managerial, nursing, social work, therapeutic recreation, or counseling services in a residential, long term care, or acute care setting or agency serving elderly or persons, that is required to qualify for supervising an extended congregate care program in an assisted living facility.

Class III