

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/17/2018  
FORM APPROVED

|                                                          |                                                                                           |                                                           |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968646</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>11/29/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SEASONS LARGO</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4175 EAST BAY DR<br/>CLEARWATER, FL 33764</b> |                                                           |

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

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA Background Screening Clearinghouse (BGS) Roster), within 10 business days of initial employment, for 1 (Staff H) employee that works at the facility.

Findings Included:

During a record review of the Agency for Health Care Administration Clearinghouse Facility Employee Roster on , it revealed Staff H with a date of hire of was not listed on the BGS Roster.

During an interview with the Administrator conducted on 11/29/2018 at 4:34pm, the Administrator confirmed the BGS Roster was not up-to-date and Staff H was a current employee at the facility.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES  
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**0000 - Initial Comments**

Assisted Living Facility

A revisit to ..... complaint (CCR 2018014186) was conducted at Seasons Largo on ..... in conjunction with a complaint investigation (CCR 2018015306 and 2018015468). Seasons Largo had deficiencies at the time of the visit.

(License # 12518)

**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 receive assistance with self-administered medications were filled in a timely manner for one (Resident #4) of seven residents sampled.

Findings included:

A review of Resident #4's medication observation records (MORs) for ..... indicated Resident #4 was prescribed the medication ..... Tab- 500 MG. The review of Resident #4's MORs revealed that the resident did not receive the medication on ..... at 8 AM and 5 PM and ..... at 8 AM and 5 PM (photographic evidence obtained).

An interview was conducted with the Director of Nursing (DON) at 2:10 PM on ..... and the DON was asked about Resident #4's order for ..... Tab 500 MG. The DON stated that it was a new doctor's order and ordered on ..... The DON couldn't explain why it took 2 days to get the medication for the resident.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191( ) FAC**

Based on record review and interview, the facility failed to provide proof of in-service training, within 30 days of employment, for 2 (Director of Nursing and Nursing Supervisor) of 5 employee records reviewed.

Findings Included:

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968646</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>11/29/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SEASONS LARGO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4175 EAST BAY DR<br/>CLEARWATER, FL 33764</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                                           |
| <p>Employee record review revealed the Nursing Supervisor with a date of hire of . . . . . was missing Elopement response training, Reporting Major Incidents, Reporting Adverse Incidents and Facility emergency procedures, Incident reporting training and Resident rights and Recognizing and Reporting . . . . . and Neglect training.</p> <p>Employee record review revealed the Director of Nursing with a date of hire of . . . . . was missing Elopement response training, Reporting Major Incidents, Reporting Adverse Incidents and Facility emergency procedures, Incident reporting training and Resident rights and Recognizing and Reporting . . . . . and neglect training.</p> <p>An interview was conducted on . . . . . at 4:34pm with the Administrator. The Administrator reviewed the employee records and confirmed the files were missing training for the Nursing Supervisor and the Director of Nursing.</p> <p>Class III</p> <p><b>0090 - Training - . . . . . - 58A-5.0191(11) FAC</b></p> <p>Based on record review and interview, the facility failed to provide proof of Do No . . . . . Orders ( . . . . . ) training for 2 (Director of Nursing and Nursing Supervisor) of 5 employee records reviewed. Findings Included:</p> <p>Employee record review revealed the Director of Nursing with a date of hire of . . . . . was missing proof of . . . . . training in the employee file.</p> <p>Employee record review revealed the Nursing Supervisor with a date of hire of . . . . . was missing proof of . . . . . training in the employee file.</p> <p>An interview was conducted on . . . . . at 4:34pm with the Administrator. The Administrator confirmed both staff were missing . . . . . training in their files.</p> <p>Class III</p> |                                                                                           |                                                           |