STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968646	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **SEASONS LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 EAST BAY DR** **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 2018015306 and 2018015468) was conducted at Seasons Largo on in conjunction with a revisit to complaint (CCR 2018014186). Seasons Largo had a deficiency at the time of the investigation.

(License #12518)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the Facility failed to provide care, services and supervision to meet the needs and provide oversight and medical follow-up for one of one sampled residents (Resident #3) accepted for admission to the Facility.

Findings Include:

Record review of Resident #3 revealed they had a completed on . The results of the was a ( ). Further record review revealed there was no documentation to indicate Resident #3 had been treated for a .
Record review of the facility's current census revealed Resident #3 was currently in the hospital. Further record review revealed there was no documentation on why and when Resident #3 went into the hospital.

An interview was conducted with Director of Nursing (DON) on at 1:25pm, The DON reviewed the results of Resident #3's completed on and confirmed the results were Resident #3 had a . The DON reviewed Resident #3's medical record and confirmed they were not treated for a in . The DON also confirmed there was no documentation in the Resident #3's file regarding the reason or date of their recent hospitalization.

Class III