

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922285	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER PRINCETON VILLAGE OF LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 333 16TH AVENUE SOUTHEAST LARGO, FL 33771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Biennial licensure survey with Extended Congregate Care (ECC) was conducted on _____ at Princeton Village of Largo. The Princeton Village of Largo, Assisted Living Facility /License #7933, had deficiencies at the time of this visit. E206 - ECC - Service Plans - 58A-5.030(6) FAC Based on records review and interview, the facility failed to coordinate the development of a written service plan for 1 of 4 residents receiving Extended Congregate Care (ECC) services (Resident #1). Findings Included: A records review of the facility's ECC service program on _____ revealed that Resident #1 did not have a written service plan on file. Resident #1 began receiving ECC services on _____. In an interview with the Director of Nursing (DON) at 11:00am on _____, the DON stated they were looking for Resident #1's service plan. In an interview with the Administrator at 3:30pm on _____, the Administrator stated they did not have a service plan written for Resident #1, it was an oversight on their part. Class III		