STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968630	**01/11/2019**
NAME OF PROVIDER OR SUPPLIER **BLOOM AT ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **6775 40TH AVE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

An Extended Congregate Care Monitoring Visit in conjunction with a Complaint Survey (CCR#: 2018018762, 2019000400, and 2019000459) and in conjunction with a Revisit to an 11/13/18 Complaint Survey (CCR#: 2018014589) was conducted at Bloom at Saint Petersburg Assisted Living Facility on 01/11/19. Bloom at Saint Petersburg Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 12498)

E208 - ECC - Records - 58A-5.030(8) FAC 429.07 (3)(b)3, FS

Based on record review and interview, the Facility failed to have policy and procedures in place for the Facility's Extended Congregate Care (ECC) services.

Findings Included:

A review of the Facility's ECC Binder provided by the facility, conducted , revealed that there were no ECC policy and procedures in the ECC Binder. At 11:05am, a second request was made for the Facility's ECC policy and procedure from the Administrator and none were provided.

During the Exit Conference, conducted on at 07:00pm, the Administrator acknowledged and confirmed that the Facility's ECC policy and procedures were not provided.

Class III