STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	R **01/25/2019**
NAME OF PROVIDER OR SUPPLIER **AMERICAN ADVANCED SENIOR CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

A revisit to an change of ownership survey was conducted at American Advanced Senior Care. The facility had deficiencies at the time of visit. (License #8782)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Assisted Living Facility

Based on resident record review and interview, the facility failed to have an interdisciplinary care plan between hospice and the facility for two Residents (# 1 and #2) of the 2 records reviewed.

Findings Included:

Resident record review revealed there was no record of an interdisciplinary care plan between hospice and the facility for Resident #1 and #2.

Interview with the Administrator was conducted on . The Administrator confirmed there was no interdisciplinary care plan between hospice and the facility for Residents #1 and #2.

Class III