STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963835	**03/25/2019**
NAME OF PROVIDER OR SUPPLIER **CHATEAU BLANC**	STREET ADDRESS, CITY, STATE, ZIP CODE **711 CASLER AVENUE CLEARWATER, FL 33755**	

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

0000 - Initial Comments

Assisted Living Facility

On . . . . . at Chateau Blanc II Assisted Living Facility a Biennial Survey was conducted. At the time of the survey, the facility had deficient practice.

(License # 8775)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to obtain a statement from a Health Care Provider that one of three employees (Staff B) were free from communicable . . . . . .

Findings Included:

Record Review conducted on for Staff B with a date of hire of revealed that Staff B's employee record did not contain a statement of freedom from signs or symptoms of a communicable . . . . . .

During an interview with the administrator conducted on . . . . . at 6:00 pm the administrator acknowledged and confirmed that Staff B's record did not contain a statement on freedom from signs or symptoms of a communicable . . . . . .

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to maintain an approved Emergency Environmental Control Plan.

Findings Included:

During a record review conducted on . . . . . it revealed that the facility's Emergency Environmental Control Plan had not been approved.

During an interview with the Administrator conducted on at 5:00 PM the administrator

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963835	**03/25/2019**
NAME OF PROVIDER OR SUPPLIER **CHATEAU BLANC**	STREET ADDRESS, CITY, STATE, ZIP CODE **711 CASLER AVENUE** **CLEARWATER, FL 33755**	

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

acknowledged and confirmed that the facility's Emergency Environmental Control Plan had been submitted to the County Emergency Management and had been rejected.

Class III