STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943161	**03/26/2019**
NAME OF PROVIDER OR SUPPLIER **BEST CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1430 PALMETTO STREET** **CLEARWATER, FL 33755**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial relicensure survey with Limited Mental Health was conducted at Best Care (Lic. #8472). Deficient practice was identified during the survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on interview, observation and record review, the facility did not maintain a sufficient number of staffing hours per week to meet the needs of its current resident census.

Findings included:

Interview with the administrator at 9:30am on revealed that the facility's current census was 6 (six).

This was further verified by direct observation throughout the remainder of the survey from 9:30 am until 3:50 pm.

Review of the facility's current weekly staffing schedule found a document that only accounted for the minimum 168 hours per week, meeting the requirements for 0-5 residents.

Interview with the administrator at 1:45pm on provided no clarification for this discrepancy.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview, the facility did not maintain all of the required documentation for one of one limited mental health (LMH) resident sampled (#1).

Findings included:

Interview with the administrator at 9:40am on revealed that Resident #1 was an LMH resident.

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Review of the facility's admission and discharge log on . . . . . further verified this.

Review of Resident #1's file found it was lacking the following items: a) a community living support plan; b) documentation provided within 30 days of admission verifying that the resident is a mental health resident (indicating he/she is receiving social security , income or social security income due to a mental . . . . .); c) an assessment completed by a psychiatrist, clinical psychologist, clinical social worker, , , social worker or an individual supervised by one of these professionals, attesting to the fact that the resident has been evaluated and found to be appropriate for residence in an ALF ; and d) a , agreement.

Further interview with the administrator indicated that since Resident #1 was receiving her mental health services privately and wasn't being case-managed, she thought LMH-related requirements did not apply.

Class III