

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963835	(X3) DATE SURVEY COMPLETED R 06/05/2019
NAME OF PROVIDER OR SUPPLIER CHATEAU BLANC II	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

A revisit to a biennial survey was conducted at Chateau Blanc II Assisted Living Facility on Deficiencies were identified at the time of survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27

Based on observation and interviews the facility failed to provide a safe and decent living environment for six of six residents sampled.

Findings Included:

Observation of the temperatures in-side the facility during the day of survey from 11:00 AM to 4:00 PM revealed the following: 11:04 AM outside temperature 89 degrees recorded using weather.com (photographic evidence). 11:06 AM temperature in dining room/common area 84.2 (photographic evidence). Temperature taken at 12:25 PM in dining room/common area 86.9 (photographic evidence).

In an interview with Resident #1 conducted on at 10:50 AM the resident was sitting in the TV room and stated that this room is warm.

In an interview with Resident #3 conducted on at 11:11 AM the resident stated that yesterday was unbearable.

In an interview with Resident #5 conducted in bedroom on at 11:16 AM Resident #5 stated that it was very hot in their bedroom. Temperature taken at 11:17 AM and was 83.4 degrees.

During an interview with Staff B conducted on at 2:42 PM Staff B stated that the owner was text that it was hot in the facility on Tuesday, Received a text from the owner that the Air Conditioner repair man would be coming to the facility on Wednesday The owner did not come to the facility on Tuesday. Staff B stated that they did not notify the administrator of the temperature in the facility.

During an interview with the owner on at 3:10 PM the owner stated that they had come to the facility around 9:30 AM on Monday and it wasn't warm in the facility. Then came between 1:00 PM and 2:00 PM and the inside temperature of the facility was 83 degrees. Stated that the air conditioning company was called and a message was left. They did not return the call. The

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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owner stated that they did not return to the facility that day. The owner states that they came to the facility on Tuesday, but only to the room and did not come into the main part of the facility. Stated they did not check on the temperature or the residents. The owner stated that the administrator was not notified of the temperature in the facility. In an interview with the administrator conducted on at 12:38 PM the administrator states he was not aware of the air conditioning situation until he arrived at the facility. Class III 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 one employee (Staff B) was 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 owner conducted on at 5:00 pm the owner confirmed that Staff B's record did not contain a statement on freedom from signs or symptoms of a communicable Class III		