STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965634	R 09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF CARROLLWOOD	**2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618**

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

0000 - Initial Comments

Assisted Living Facility

A Second Revisit to 04/30/18 Change of Ownership Survey in conjunction with a Second Revisit to 04/30/18 Complaint Survey (CCR#: 2018003328 & 2018002523) in conjunction with a Complaint Survey (CCR#: 2018010302) in conjunction with a Revisit to 07/10/18 Complaint Survey (CCR#: 2018005192) was conducted at Elmcroft of Carrollwood Assisted Living Facility on 09/05/18. Elmcroft of Carrollwood Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 9981)

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review and interview, the Facility failed to ensure documented class III deficiencies regarding medicinal drugs were corrected as required.

Findings Included:

A second review of the previously cited medicinal drug deficiencies, (cited on and on), conducted on , revealed that the Facility continued with deficient practice regarding medicinal drugs. The Facility will be required to continue to employ the consultant services of a licensed Pharmacist, or a licensed Registered Nurse to provide medication oversite.

During an Exit Conference, conducted on at 09:10pm, the Administrator acknowledged and confirmed the requirement to continue the consultative services of a licensed Pharmacist, or a licensed Registered Nurse to provide medication oversite.
Class III