STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial survey with Limited Mental Health was done in conjunction with a complaint survey (CCR#2018013213) at Amelia's House Assisted Living Facility on . . . . . Amelia's House Assisted Living Facility had deficient practice identified at the time of the survey.

License: 12566

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to acquire and maintain a monoxide alarm and provide documentation of a submitted emergency environment control plan to the local emergency management agency for review.

Findings included:

A tour of the facility was conducted on beginning at 9:45 AM and there was no observation of a . . . . monoxide alarm.

The Administrator was interviewed at 11:08 AM on . . . . . concerning the facility having a . . . . monoxide alarm. The Administrator stated she was unaware of such requirement she stated "No one told me I needed a . . . . monoxide alarm." The administrator stated she had no evidence of a submitted emergency environment control plan to the local emergency management agency for review.

Class III