Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969062	A. BUILDING: _____ B. WING _____	R 10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYVUE ASSISTED LIVING FACILITY LLC	2506 LITHIA PINECREST RD VALRICO, FL 33596

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A revisit to survey (complaint number 2020014166) was conducted in conjunction with biennial survey and focused control visit at Bayvue Assisted Living Facility on . Bayvue Assisted Living Facility had deficient practice identified at the time of the survey.	A 000		
{CZ828}	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility exceeded its licensed capacity of six by admitting seven residents for residency. Findings included: An entrance conference was conducted with Staff	{CZ828}		

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{CZ828}	Continued From page 1 A at 10:45 AM on . . . . . Staff A was asked for a list of residents and asked how many residents lived at the facility. Staff A stated that the current census was seven residents. Staff A provided a . . . written list of resident names that totaled seven. A review of the facility's license posted in a residential hallway showed a maximum capacity of 6 residents. A tour of the facility was conducted at 11:09 AM on . . . . . with Staff A who showed all 7 residents' rooms and indicated by name who lived in each room. All 7 residents were identified by name either in their rooms or seated in the common area at the time of the tour. A phone interview was conducted with the Administrator at 12:09 PM on and the Administrator acknowledged that they currently had seven residents in to the facility with a licensed capacity of six. The Administrator also confirmed all 7 residents receives assistance with activities of daily living and assistance with self-administration of medication on a daily basis. The Administrator stated, " yes I still have 7 residents, the haven't come to pick him up yet." Unclassified	{CZ828}		