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
	AL11966560	A. BUILDING: _____ B. WING _____	03/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYAMO ASSISTED LIVING FACILITY, INC	1199 SW BAYAMO AVENUE PORT SAINT LUCIE, FL 34953

(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 An unannounced Abbreviated Relicensure, Generator Assesment, and Focused . . . . . Control survey was conducted on at Bayamo Assisted Living Facility Inc. The facility had deficiencies identified at the time of the survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing	A 054		

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A 054	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date, for 3 out of 4 sampled residents (Residents #1, #2 and #4) who required assistance with the self-administration of medication. The findings included: During review of the MOR's on at 10:00 AM, the following omissions and errors were identified: 1) Resident #1 a. 8:00 PM dose on had been pre-signed as given for Desyrel. 2) Resident #2 a. 8:00 PM doses on had been pre-signed as given for , Levetiracetam, , , , , Desyrel and . b. 8:00 AM doses on had not been intialed as given for and Fish Oil. c. 8:00 AM doses from through had not been intialed as given for . 3) Resident #4 a. 8:00 AM doses on had not been intialed as given for . b. 8:00 PM doses on had been pre-signed as given for , , , , , , and . c. 2:00 PM doses on had been	A 054		

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A 054	Continued From page 2 pre-signed as given for . . . , . . and . . The Supervisor was notified of these findings during interview on . . . . . at 11:00 AM. The facility provided no additional documentation for review at this time. Class III	A 054		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a	A 078		

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A 078	Continued From page 3 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and a staff interview, the facility failed to ensure 1 out of 2 sampled	A 078		

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A 078	Continued From page 4 employees (Staff B) had submitted evidence of annual negative ( )examination by a health care provider. The findings included: During record review for Staff B, date of hire , a signed statement by a health care provider dated within the previous year verifying this employee was free from could not be found. The last noted examination noted as for Staff B. Staff B was notified of these findings on at 11:00 AM. The facility provided no additional documentation for review at this time. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the	A 083		

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A 083	Continued From page 5 training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure a staff member who has completed a course in First Aid, and holds a currently valid card documenting completion of the course, was in the facility at all times for 1 out of 2 sampled staff (Staff A). The findings included: Review of the personnel file for Staff A who works as a caregiver in sole charge of residents at times revealed no current training with a valid card in First Aid. Staff A was observed in sole charge of 4 residents on . . . . . at 9:15 AM. Review of the facility's staffing scheduled confirmed Staff A works alone on various shifts in the facility. Staff B was notified of these findings on . . . . . at 11:00 AM. The facility provided no additional documentation of the required training for review at this time. Class	A 083		