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
	AL11943041	A. BUILDING: _____ B. WING _____	04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYTREE LAKESIDE	6411 46TH AVENUE NORTH SAINT PETERSBURG, FL 33709

(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 biennial and complaint investigation (Complaint Number 2021001890 and 2021002630) in conjunction with a Extended Congregate Care (ECC) monitoring, generator monitoring and COVID-19 focused control was conducted at Baytree Lakeside Assisted Living Facility on . Deficiencies were identified at the time of survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

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A 152	Continued From page 1 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment that was free of hazards. Additionally, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances were maintained and in good working order for eight (Resident #15,#16,#17,#18,#19,#20, #21 and #22) of 8 residents sampled. Finding included: An observation conducted on at 10:30 am during facility tour of the Memory Care unit revealed the following: *unsupervised cleaning solution, *a refrigerator and microwave were observed in the resident's room further inspection revealed the appliances had debris and bio growth, *broken and unused equipment were observed to be stored in the resident's closet including a broken spot cooler, broken side table and unused bedrails, *a broken air vent in the hallway with bio growth, broken doorknobs, *and a bedroom door with damage in the bottom. (photographic evidence)	A 152		

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A 152	Continued From page 2 During an interview conducted on at 2:45pm with the Administrator, she was not aware of any of the conditions in Memory Care. Class III	A 152		