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
	AL11963958	A. BUILDING: _____ B. WING _____	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE TERRACE	9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782

(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 complaint (complaint number 2022004915) in conjunction with a generator monitoring survey was conducted at Bayside Terrace on . . . . Deficiencies were identified at the time of survey.	A 000		
A 054 SS=D	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 physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to 3 Residents (#1, #3, and #4) of 3 sampled residents. Findings Included: A review of Resident #1's MORs, conducted on [redacted], revealed that Resident #1's MORs had medications not documented as given to the resident for the resident's prescribed: " [redacted], Fumate 50mg at 10:00pm " [redacted], Fumate 100mg at 10:00pm " [redacted], 5MG at 10:00pm " [redacted] ER Extended release 500MG at [redacted] at 9:00am " [redacted] ER Extended release 500MG at 9:00pm on [redacted], [redacted], and [redacted] " [redacted] Tablet 3MG on [redacted] at 8:00pm A review of Resident #2's MORs, conducted on [redacted], revealed that Resident #2's MORs had medications not documented as given to the resident for the resident's prescribed: " Ensure Liquid Vanilla on [redacted] at 4:00pm " [redacted] 500mg on [redacted] at 4:00pm " Proprandol 10mg on [redacted] at 4:00pm " [redacted], [redacted] 25mg on [redacted] at 2:00pm	A 054		

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A 054	Continued From page 2 A review of Resident #3's MORs, conducted on , revealed that Resident #3's MORs had medications not documented as given to the resident as prescribed: " Qlanzapine Oral Tablet 10MG at 8:00pm on , , and " Qlanzapine Oral Tablet 10MG at 8:00am- , and " Polyethylene 3350 Oral Packet 17GM at 8:00am on and " Prazosin Oral Capsule 2MG at 8:00pm on and and " Prazosin Oral Capsule 2MG on at 8:00pm " Silver External cream 1% at 8:00am and 4:00pm on and " Triamicinolone External cream 0.1% at 8:00am and 4:00pm on and " External 20% at 8:00 and 4:00pm on and " , Oral Tablet 325MG at 8:00pm on " KLS Controller Max St Oral Tablet 20MG at 8:00PM on " , Oral Tablet 10MG at 8:00pm on " , 325mg at 8:00pm on , , and " , 325mg at 8:00am on and " Ammorium External Lotion 12% at 8:00am on and " Ammorium External Lotion 12% at 4:00pm on and " , 45mg at 8:00pm on , and " , , Oin at 8:00am on and	A 054		

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A 054	Continued From page 3 " , , Oin at 4:00pm on and " Cetifizine 10mg at 8:00am on and " 1MG at 8:00am on and " External Cream 2% at 8:00am and 4:00pm on and " Kls Controller Max 20mg at 8:00pm and " , 25mg at 8:00am and 4:00pm on and During an Interview conducted on at 1:50pm with the Administrator she stated if there is a single dash that means the mediation was missed/not given. If there was a reason, there would be the staff's initials with an abbreviation as to why the mediations were not given. The Administrator confirmed there were multiple dashes within MORs. During an interview conducted on at 3:35pm with the Regional Nurse and Area Nurse they stated that the (-)'s within the MORs are due to missed doses, and the medications not being signed out. Class III	A 054		