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 _____ | R-C 05/17/2023 |

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| BAYSIDE TERRACE | 9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782 |

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| {A 000} | Initial Comments<br><br>A revisit to change of ownership survey in conjunction with a complaint survey (#2023002135, #2023002448, #2023002568, and #202300428) was conducted on at Bayside Terrace. Deficiencies were identified at the time of the survey. | {A 000} | | |
| {A 025} SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: | {A 025} | | |

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| {A 025} | Continued From page 1<br><br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review the Facility failed to provide care, services, and supervision appropriate to the needs for one (Resident #20) of one sampled resident.<br><br>Findings Included:<br><br>In an observation conducted on . . . . . at 10:58am Resident #20 was sitting in the main dining room at the table. He had black and brown stains and dirt on his and , and under his nails. He wore a blue shirt under a burgundy jacket with dried food and liquid drip | {A 025} | | |

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| {A 025} | Continued From page 2<br><br>stains on them.<br><br>In an interview with the Executive Director conducted on at 11:20am she said she was aware of Resident #20 and that the filth on his was from smoking, and she would have a staff member get him to shower right away.<br><br>In an observation conducted on at 12:42pm Resident #20 was in bed resting with his , and nails stained with black and brown dirt and debris. He still wore a blue shirt under a burgundy jacket with dried food and liquid drip stains on them.<br><br>In an interview with Resident #20 conducted on at 12:42pm he stated "why would I change my shirt when I'm just gonna get food on it? I washed my day before yesterday."<br><br>In a record review for Resident #20 conducted on there was a local agency health assessment dated that revealed the resident had a diagnosis of type, and limited mobility due to and . Additionally, it read that he needed assistance with self-care/grooming and bathing, and required prompting for both tasks.<br><br>In a review of the facility shower list conducted on Resident #20 was not included.<br><br>Photo Evidence Obtained.<br><br>Class III | {A 025} | | |

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| {A 152} | Continued From page 3 | {A 152} | | |
| {A 152} SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(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 | {A 152} | | |

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| {A 152} | Continued From page 4<br>be . . . . . .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to provide a safe, clean, and decent living environment free from bedbugs for two (Resident #12 and Resident #19) of two sampled residents. Furthermore, the facility failed to provide a safe and clean living environment that was free of hazards, by ensuring all architectural, mechanical, and structural systems were maintained in good working order for one (Resident #4) of two sampled residents.<br><br>Findings Included:<br><br>In an interview with Resident #12 conducted on . . . . . at 9:45am she stated that she had bugs in her bed and that she found two large ones that morning. She stated she told the Medication Technician that morning about the two large bugs she found in her bed.<br><br>In an observation conducted on . . . . . at 9:51am Resident #12 pulled the blanket and top sheet and there were approximately 10 spots and smudges on her sheets. She picked up a live bed bug off the sheets and it was crawling on her . .<br><br>In an interview conducted with Resident #4 on . . . . . at 10:20am he stated his blinds by his bed were hard to open and kept falling down.<br><br>In an observation with Resident #4's family member conducted on . . . . . at 10:20am he attempted to slide the blinds open by the bed with difficulty, and two vertical pieces off onto the floor. Additionally, the right side of | {A 152} | | |

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| {A 152} | Continued From page 5<br><br>sliding glass door on the living room side of the room had no lock to keep it closed, and the patio floor was in need of cleaning.<br><br>In an interview with Resident #4's family member conducted on at 10:24am they stated they had cleaned the patio floors twice themselves, but that it was in need of pressure washing due to pollen. They stated that they had moved the lock from the right side of the sliding glass door to the left side so that their father could utilize the patio, but that the lock had still not been replaced on the right side.<br><br>In an interview with Resident #19 conducted on at 11:00am he stated he had bed bugs in his room for several weeks and had been sleeping on the couch because of it. Additionally, he stated no one had come to spray his room that he was aware of, and that he complained to the front desk, but no one had done anything about it.<br><br>In an observation of Resident #19 conducted on at 12:50pm there was black debris/bug droppings on the fitted sheet at the of the bed and there were two nickel sized spots at the top of fitted sheet on the left side.<br><br>In a review of the facility pest control log conducted on there was an entry for "bed bugs" dated for Resident #19 and Resident #23, and the "date completed" column was blank. There was no entry for any bugs for Resident #12.<br><br>In an interview conducted with the Executive Director on at 11:35am she stated that she was not aware of the new bed bug entries in the pest control log as it was at the front | {A 152} | | |

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| {A 152} | Continued From page 6<br><br>desk and no one had reported it to her. She stated they would have to start checking the log daily. Additionally, at 2:00pm she said they would clean Resident #4's patio floor and slider and order new blinds.<br><br>In an interview conducted with Staff F on at 11:56am he stated he saw the bed bugs in Resident #12's room and he would have Resident #12 and Resident #19's rooms treated by the pest control company the following morning.<br><br>Photo Evidence Obtained.<br><br>Class III | {A 152} | | |
| {A 162} SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care | {A 162} | | |

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| {A 162} | Continued From page 7 | {A 162} | | |

practitioner's medical examination form described in Rule 59A-36.006, F.A.C.
(c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.
(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.
(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.
(f) A . ˬ . record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ˬ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ˬ not be taken.
(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.
(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.
(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.
(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written

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| {A 162} | Continued From page 8 | {A 162} | | |

statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.
(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the [illegible] of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.
(o) The resident's [illegible], DH Form 1896, if applicable.
(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement.
(q) Except for resident contracts, which must be

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| {A 162} | Continued From page 9<br><br>retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to maintain resident records with an updated and completed copy of the Agency for Health Care Administration (AHCA) Resident Health Assessment Form 1823 (1823) for one (Resident #20) of two sampled residents.<br><br>Findings Included:<br><br>A record review for Resident #20, conducted on , revealed that there was no AHCA Form 1823 in the file. There was a health assessment performed by a local agency signed by the provider on that did not indicate if the resident was an elopement risk, or whether the resident needed assistance with self-administration or administration of medication.<br><br>In an interview with the Executive Director conducted on at 1:56pm she stated they had always used the local agency health assessment report in lieu of an AHCA 1823, and was not aware it was lacking required information. | {A 162} | | |

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| {A 162} | Continued From page 10<br><br>Photo Evidence Obtained.<br><br>Class III | {A 162} | | |