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 _____	

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 Assisted Living Facility standard biennial licensure survey with Limited Nursing Services was conducted on , 2012. Bayamo Assisted Living Facility had licensure deficiencies found at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (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 individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure care & services were rendered for 1 out of 2 sampled residents, as ordered by the physician (Resident #3).

The findings include:

Review of the physician orders dated _____ and the MOR (Medication Observation Record) for Resident #3, it was revealed the resident is ordered to receive a monthly injection of _____. The _____ and _____ 2012 MOR documented "Third Party Nursing" for this medication, with no signature or initial (s), indicating the medication was given as ordered. Interview with the owner /manager on _____ at 10:35 AM, revealed the facility's contracted nurse administers the medication/injection. The nursing progress notes were reviewed as well as the the MOR and there was no evidence the injection was provided to the resident for the month of _____ 2012 and _____ 2012. Further interview with the owner/manager at 10:57 AM revealed there was an issue with Resident #3's insurance company for medication coverage. However, further investigation revealed there was no evidence provided to indicate there was an issue with the resident's insurance, as indicated by the owner/manager. There was no evidence the resident's physician was notified that the resident did not receive the medication, as ordered for _____ 2012 and _____ 2012. Review of Resident #3's nursing progress notes dated _____ revealed the last _____ injection administered to the resident was on _____, more than one month ago. Interview with the resident's relative on _____ at approximately

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A 025	Continued From page 2 11:10 AM, revealed she was not aware of any insurance issues, as indicated by the owner/manager. Class III	A 025		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ____ including _____. Freedom from ____ must be documented on an annual basis. A person with a positive _____ test must submit a health care provider ' s statement that the person does not constitute a risk of communicating _____. Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable _____, he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall 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	A 078		

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A 078	Continued From page 3	A 078		

requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain documentation that 2 out of 3 sampled employees are free of ... and communicable on an annual basis (Employee #1 and #2).

The findings include:

1. Interview with Employee #1 on ... at 10:30 AM, revealed she works the night shift and any other shift, as needed. Review of the work schedule revealed the owner/manager was listed on the night shift as the only direct care giver. Review of the personnel records revealed Employee #1's file did not have evidence of a statement of freedom from ... documented by a healthcare provider on an annual basis. There was evidence Employee #1 had a previous positive ... The last chest x-ray was dated ... There was a "Periodic ... questionnaire" form completed and signed by Staff # 1 and a RN (registered nurse) that

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A 078	Continued From page 4	A 078		

documented: "Since you have a positive/sensitive and are no longer required to have an annual chest X-ray, the following is be completed and returned to employee health; there was a list of 10 questions that were answered ('no') by Employee #1". There was no evidence, in review of this questionnaire, that the staff member was free from .

2. Employee #2, the administrator, was listed on the work schedule as working the evening (3 PM-11 PM) shift as the only direct care giver. Review of the facility's personnel records revealed Employee #2's file did not have evidence of a statement of freedom from documented by a healthcare provider on an annual basis. The only documentation available for review was a chest X-ray result dated

The Administrator and owner/manager was unable to provide any additional health information for Employee #1 and #2 on by 4:00 PM.

Class III

A 121 SS=D	58A-5.021(2) FAC Fiscal - Accounting Procedures	A 121		

(2) ACCOUNTING PROCEDURES. The facility shall maintain written business records using generally accepted accounting principles as defined in Rule 61H1-20.007, F.A.C., which accurately reflect the facility ' s assets and liabilities and income and expenses. Income from residents shall be identified by resident name in supporting documents, and income and expenses from other sources, such as from day care or interest on facility funds, shall be

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A 121	Continued From page 5	A 121		

separately identified.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to maintain accurate accounting procedures. Specifically, 1). Failure to ensure written records accurately reflects the facility's assets, liabilities, income and expenses; and 2). Failure to ensure income from residents all 4 residents residing at the facility was identified by resident name in supporting documents, expenses of each resident and income sources.

The findings include:

Interview with the Administrator on [redacted] at approximately 10:30 AM revealed she does not hold funds for any of the 4 residents residing in the facility.

Review of the [redacted] and [redacted] 2012 monthly statement revealed the exact same numbers for both months. There were no other accounting statements or banking information provided. It could not be determined whether there was profit or gain.

During an interview on [redacted] at 2:00 PM, the owner/manager stated that she always buys personal things for the residents but doesn't charge them. There was documented list or receipts for these items. She said she has an accountant who is away on vacation.

In review of the 'insurance' section listed on the aforementioned monthly statement forms provided (as above), the owner/manager said, the

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A 121	Continued From page 6	A 121		

dollar ($) number documented each month was inaccurate as it is paid in full at one time.

There was no separate accounting for each resident.

The owner manager also provided a 2011 and 2012 (for 8 months) piece of paper that included total income with no specific identification of amounts or where the monies came from and a list of expenses. The figures as presented, did not correspond or reflect accurate totals when reviewed with the monthly statement provided: such as: insurance on the statement was $100 for each month, but the annual total was $3,384.00. These forms were reviewed with the owner/manager again on at approximately 3:30 PM. She agreed they did not meet general acceptable accounting principles and the assets & liabilities, accurate income & expenses, gains & losses could not be determined.

Class III

A 127 SS=D	58A-5.021(8) FAC Fiscal - Liability Insurance	A 127	

(8) LIABILITY INSURANCE. Pursuant to Section 429.275, F.S., facilities shall maintain liability insurance coverage, as defined in Section 624.605, F.S., in force at all times. On the renewal date of the facility ' s policy or whenever a facility changes policies, the facility shall file documentation of continued coverage with the AHCA central office. Such documentation shall be issued by the insurance company and shall include the name of the facility, the street address of the facility, that it is an assisted living facility, its licensed capacity, and the dates of coverage.

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A 127	Continued From page 7	A 127		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide documentation of current proof of liability insurance coverage.

The findings include:

Review of the proof of liability insurance coverage document, provided by the owner/manager, dated [redacted] revealed coverage was effective on [redacted] and expired on [redacted]. Interview with the owner/manager on [redacted] at 1:34 PM, revealed she changed insurance companies. However, there was no evidence of current proof of liability insurance coverage available for review, as required. The Administrator and owner/manager was unable to provide any additional health information for Employee #1 and #2 on [redacted] by 4:00 PM.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Bayamo Assisted Living Facility, Inc
1199 SW Bayamo Avenue
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924