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
	AL11963833	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYVIEW RETIREMENT CENTER	2200 BAYVIEW AVENUE JACKSONVILLE, FL 32210

(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 CR... -REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow up survey was conducted on ... 18, 2012. Bayview Retirement Center had deficiencies found at the time of the visit.	{A 000}		
{A 008}	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or ... services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable ... which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care	{A 008}		

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{A 008}	Continued From page 1	{A 008}		

provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, ... 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not

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{A 008}	Continued From page 2	{A 008}		

apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the

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{A 008}	Continued From page 3 examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and an interview with the facility manager, the facility failed to obtain completed AHCA Form 1823 for six of seven residents reviewed (#1, #2, #3, #4, #5, and #6). The findings include: A review of resident records for Residents #2, #3, #4, #5, and #6 revealed that Section III of the AHCA Form 1823, ... 2010 did not provide information regarding the services being provided to the residents. The facility manager had signed Section III, but failed to list services being provided to the residents. Resident # 1 did not have an AHCA form 1823. The resident had been at the facility since , 2012. Resident #2 did not have information regarding the need to assist or not assist the resident in eating. Resident #6 did not have an order for the self-administration, assist with self-administration,	{A 008}		

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{A 008}	Continued From page 4 or need for the administration of medications for the resident. This was confirmed in an interview with the manager of the facility on , 2012 at 9:50 am. This tag was previously cited on a monitoring visit conducted on , 2012. Class III	{A 008}		
{A 078}	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	{A 078}		

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{A 078}	Continued From page 5	{A 078}		

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 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 employee record reviews and an interview with the manager, the facility failed to ensure that employees had documentation of freedom from communicable , including for two of six employees reviewed (#2, #6).

The findings include:

A review of personnel records for Employees #2 (the owner) and #6 (the administrator) revealed that neither employee had documentation of negative screenings for .

This was confirmed in an interview with the manager on , 2012 at 12:30 pm.

Class III

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{A 152}	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must 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 shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident . . . . . 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 a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident . . . . . 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 shall be free of tears, stains and not be	{A 152}		

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{A 152}	Continued From page 7	{A 152}		

This Statute or Rule is not met as evidenced by:
Based on a tour of the facility and an interview with the manager and resident #1, and a contractor, the facility failed to ensure that the existing architectural, mechanical and structural systems were maintained in good working order for fourteen of fourteen residents living in the facility (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14).

The findings include:

The tour of the facility on [redacted] at 9:15 am revealed that [redacted] in building #1 (designated number 1, by the manager of the facility), was found to have subflooring which would depress with this surveyor stood in the area between the wall and the adjacent toilets.

Interview with the manager on [redacted] at 9:15 am, who accompanied the surveyor on the tour, reported that in [redacted] of this year the facility used a new vinyl covering over the area, but had not repaired the subfloor. The wallpaper in the [redacted] peeling or lifting away from the wall and an area around the mirror had some form of material that was stuck to the wallpaper in a large area. The door to the [redacted] cleaning and/or painting.

An adjacent linen [redacted] mouse droppings on the floor.
[redacted] had mice droppings on the closet floor, and bed #2 had a mattress that was deteriorating, making linens dirty, box springs were dirty including a cover over the box springs.

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{A 152}	Continued From page 8	{A 152}		

During the tour resident #1 refused to allow us in his . . . . Unfortunately, a strong odor was emanating from the . . . . . At 12:00 pm on , 2012, Resident #1 was interviewed and he continued to state that he was not ready for anyone to see the . . . . . He stated that the odor was due to his incontinence which he dealt with and his inability to wash his clothes because the dryer at the facility had not been working for three days.

The tour also revealed that the washer and dryer were located outside the facility in an open area covered with temporary roof. In the same area, trash and debris were located within two feet of the area where residents and staff wash/dry resident's linens and clothes. A large amount dirty clothes were in multiple baskets waiting to be washed. The dryer was old and the repair attempted yesterday failed according to an interview with a contractor on at 1 pm, who had been hired to fix the dryer. The facility had failed to repair or replace the only dryer at the facility.

Interview with the owner on . . . . at 1:30 pm revealed that the owner recognized that the dryer needed to be replaced.

There are three ramps leading to building #1 and #2. In building one the ramp leading to the open washer and dryer area had rotted and the structure bent towards the ground. The ramp on building two the ramp had roof used as non-slip surface which had deteriorated in over 70% of the area covered.

This citation was previously cited on 2012 during a monitoring visit.

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{A 152}	Continued From page 9 Class III	{A 152}		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bayview Retirement Center
2200 Bayview Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies, identified during the revisit.

All deficiencies should have been corrected no later than , 2012. Due to your continued non-compliance, a recommendation to deny renewal of your license has been forwarded to the Central Office in Tallahassee. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.

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 surveyors. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/CB/KW/sm
Enclosure

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