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 _____	

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 Assisted Living Facility A change of ownership (CHOW) state licensure survey with limited nursing services (LNS) was completed on [redacted] in conjunction with a complaint survey, CCR# 2013003786, see (Aspen Event [redacted] Baytree Lakeside, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 003	58A-5.014 FAC Licensure - Change of Ownership (CHOW) (2) CHANGE OF OWNERSHIP (CHOW). (a) Pursuant to Section 429.12, F.S., the transferor shall notify the agency in writing, at least 60 days prior to the date of transfer of ownership. 1. The transferor shall provide to each resident a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility. 2. The transferee shall notify each resident in writing of the manner in which the transferee is holding the resident ' s funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. (d) The current resident contract on file with the facility shall be considered valid until such time as the transferee is licensed and negotiates a new contract with the resident. (e) Failure to apply for a change of ownership of a licensed facility as required by Section 429.12, F.S., shall result in a fine levied by the Agency pursuant to Section 429.19, F.S. (f) During a change of ownership, the owner of record is responsible for ensuring that the needs	A 003		

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A 003	Continued From page 1 of all residents are met at all times in accordance with Part III of Chapter 400, F.S., and this rule chapter. (g) If applicable, the transferor shall comply with Section 408.831(2), F.S., prior to Agency approval of the change of ownership application. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to notify residents or responsible parties in writing detailing the amount and type of funds credited to the resident for whom funds are held, the manner in which the transferee is holding the resident's funds and the name and address of the depository where the funds are being held, amount held and type of funds credited; failed to negotiate a new contract once licensed. Findings include: Review of a generic letter dated [redacted] notifying residents and responsible parties of the facility's change of ownership failed to explain how and where funds were to be held and did not mention how or when new contracts would be negotiated. Additionally, the typed letter was signed by 2 people using first names only with no identifying title indicating who they were. Interview with the administrator designee (Regional Director) on [redacted] at approximately 3:00 p.m. revealed the letter was given to residents and sent to responsible parties. She acknowledged that she did not know what information needed to be included in the communication to the residents and responsible parties regarding the change in ownership.	A 003		

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A 003	Continued From page 2 Class III	A 003		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall 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 shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure staff documented on the daily medication observation	A 054		

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A 054	Continued From page 3 record (MOR) correctly for 1 (Resident #6) of 5 residents observed receiving medications during the noon medication pass. Findings include: Review of the MOR for Resident #6 revealed an order for 0.5mg tab, take 1 tab by mouth daily as needed for . Review of the control sheet revealed it was given daily at noon from . Review of the MOR revealed it was requested only on and . Interview with medication technician (Staff C) on at approximately 12:05 p.m. during the noon med pass acknowledged the missing initials on the MOR and revealed it was an oversight possibly because she had completed the control sheet and thought she had initialed the MOR. Additionally, she did not use the back of the MOR to indicate when the resident requested the controlled medication and whether it helped or not. The staff continued to state that the resident asked for the medication routinely and if it was not given to her, she would complain. Observation of Resident #6 receiving her noon meds revealed she did request the medication and it was given to her and initialed on the front of the MOR but not the back. The control sheet was completed as well. Review of the med tech's personnel file revealed she had completed the required 4 hr initial and 2 hour annual medication assistance training updates as required. Interview with Resident #6 on at approximately 12:07 p.m. revealed she received the medication at noon daily upon her	A 054		

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A 054	Continued From page 4 request. Interview with the director of nurses (only on the job for approximately 3-4 weeks) revealed she was meeting with staff that evening to go over medication responsibilities including the MORs. Additionally she said she would speak to the prescribing provider about obtaining a routine order for the medication rather than as needed. Class III	A 054		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for	A 167		

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A 167	Continued From page 5	A 167		

terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.

(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.

(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.

(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

(l) The facility ' s policies and procedures for self-administration, assistance with

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A 167	Continued From page 6 self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the residency agreement which was signed by the resident during the facility's previous ownership included a clause that required the facility to provide a 30 days written notice prior to a rate increase for 1 (Resident #5) of 4 residents sampled for record review. Findings include: Review of Resident #5's residency agreement signed on . revealed that the contract did not include a clause that required the facility to give the resident 30 days written notice before any increase of the residency rate. There were no other residency agreements signed by the resident since her admission on to . There was also no new residency agreement signed by Resident #5 since the facility changed ownership on . Interview with the regional director on . at approximately 5:40 p.m. revealed that she was not aware that Resident #5's residency agreement did not include the required clause of 30 days written notice prior to rate increase. She stated that Resident #5's residency rate had not been increased since her admission to the facility,	A 167		

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A 167	Continued From page 7 but acknowledged that the resident needed a new contract which included the required clause. Class III	A 167		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Baytree Lakeside
6411 46th Avenue North
Saint Petersburg, FL 33709

Dear Administrator:

Re: **CCR# 2013003786 & CHOW with LNS**

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on .201, 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 relative to the CHOW survey. 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 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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