STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	06/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bayside Terrace	9381 U.S. Hwy 19 North Pinellas Park, FL 33782

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013003361, was conducted on .

The Bayside Terrace, assisted living facility, had deficiencies at the time of the visit.

0122-Fiscal - Personal Effects 58A-5.021(3) FAC
Based on facility record review and interview, the facility failed to ensure that the funds kept for 2 (Resident #2 & #4) of 5 sampled residents did not exceed $200 dollars.

Findings include:

Review of Resident #2's financial statement on revealed there was a balance of $1084.88 as of .

When interviewed on at 1:00 p.m., the business office manager stated Resident #2 had over a thousand dollars in his facility account and she was told by his family to give him extra money each month but not to give him the full amount all at once. She has been giving him extra money every month but he has not been able to spend down to under $200 dollars.

Review of Resident #4's financial statement on revealed there was a balance of $609.12 as of .

When interviewed on at 1:00 p.m., the business office manager stated that Resident #4 did not have any family and she was in the memory care unit. The facility had been trying to get a guardian for her but until that happens, the facility has been taking her money and putting into her facility account. The $54.00 each month has not been spent and it continues to accumulate in her account. The account is now over $600 dollars. The business office manager stated she has asked the staff to let her know when the resident needs anything but so far the resident has everything she needs.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	06/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayside Terrace	9381 U.S. Hwy 19 North Pinellas Park, FL 33782	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0123-Fiscal - Resident Trust Funds & Adv Payments 58A-5.021(4) FAC

Based on facility record review and interview, the facility failed to provide an interest bearing trust accounts for 2 (Residents #2 & #4) of 5 sampled resident who had accumulated more than $200 dollars in their facility account.

Findings include:

Record review of Resident #2's financial statement revealed the resident had $1084.88 in his facility financial account as of . . .

Record review of Resident #4's financial statement revealed the resident had 609.12 in her facility financial account as of . . . .

The facility is only allowed to keep $200 dollars for a resident and if the amount should exceed $200 dollars, then the facility must open an interest bearing trust account in the resident ' s name and the extra money would be deposited into this account.

When the business manager was interviewed on . . . at 1:00 p.m., she stated that both residents had more money than was allowed in their accounts and the facility had not opened an interest bearing trust account for either resident.

Class III

0125-Fiscal - Surety Bonds 58A-5.021(6) FAC

Based on facility record review and interview, the facility failed to purchase a surety bond while serving as legal representative payee for 5 (resident #1, #2, #3, #4 & #5) of 5 sampled residents.

Findings include:

Record review of Resident #1, #2, #3, #4 & #5 on . . revealed the facility had their name added to the social security checks as the legal representative payee for all five residents .

When the business manager was asked to produce the surety bond on at 12:00 p.m., she stated the facility did not have one.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Bayside Terrace
9381 U.S. Hwy 19 North
Pinellas Park, FL 33782

Dear Administrator:

Re: **CCR# 2013003361**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 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,

Paul J Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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