STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942846	07/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Breeze Nursing & Retirement Center	**3387 Gulf Breeze Pkwy Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

0000-Initial Comments
A biennial survey was conducted at Bay Breeze Nursing & Retirement Center on At the time of survey, there were deficiencies identified.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based upon resident record review and staff interview, the facility staff did not ensure residents / advocates provided written consent to unlicensed personnel providing medication assistance for two of two resident records reviewed (#2 & #3).

Findings include:

Based upon review of the contracts and clinical records for residents #2 and #3, there was no information in the file indicating the residents/advocates had provided written consent to unlicensed personnel providing medication assistance. An interview was conducted with the administrator on at 3:35 PM. She stated they verbally tell the residents/ families prior to admission that unlicensed personnel, not nurses, assist with the medications. The administrator then reviewed the the files for these two residents and verified that there is not a specific statement that unlicensed personnel assist with medications.

class III

0090-Training - 58A-5.0191(11) FAC
Based on staff interview and record review the facility failed to ensure that 3 of 3 sampled employees received at least one hour of training in the facility's policies and procedures regarding ?O's) (Employees #A, #B and #C).

The Findings:

A record review was conducted of three employees personnel records and the training's for the policies and procedures for the ?O's were not found.

On at approximately 5:00PM an interview was conducted with the Administrator and ALF Director who confirmed that the (3) sampled employees did not have the training's for the policies

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and procedures.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Bay Breeze Nursing & Retirement Center
3387 Gulf Breeze Pkwy
Gulf Breeze, FL 32561

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representatives 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 after . 2013 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

Enclosure DH/pm
XG90

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