STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Baytree Lakeside	6411 46th Avenue North Saint Petersburg, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was completed on [redacted] in conjunction with a revisit to the [redacted] change in ownership (CHOW) licensure survey.

The Baytree Lakeside, assisted living facility, had a deficiency found at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, record review and interviews, the facility failed to assure the required training in the assistance in the self administration of medications was obtained by an AHCA approved provider for 2 (Staff A and Staff B) before providing medication assistance to residents.

Findings include:

Interview with Staff A during the morning medicaton pass on [redacted] at approximately 9:10am revealed she had taken the required 4 hour training in the assistance of self administration of medications as required- before she began assisting residents with medications. She did not disclose that the training was completed on line (computer).

Observation of Staff A's certificate revealed a 4 hour training titled: Assistance with Self Administered Medication provided on [redacted]. The certificate stated the company was based in another part of the state. An internet search found the company's name and also found the exact name of the provided course that did not include a hands on component as required, therefore the course would not be approved by AHCA.

Interview with the Director of Wellness on [redacted] at approximately 11:30am revealed she was unaware that the computer course provided for the unlicensed staff- assistance in self administration of medications needed to have a hands on component to it.

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Interview with the Regional Director on [redacted] at approximately 11:45am revealed she was not aware that the certificate was not approved but said she had already called the pharmacy to provide the required and approved medication training course on [redacted]. Additionally, Staff A and Staff B were to be removed from assisting with medications until they passed the approved med training test following the upcoming training. She and the Wellness director checked the staffing schedule to be sure they had qualified medication techs to cover where Staff A and B had been scheduled. The surveyor verified other med tech staff had authorized med training. Additionally, Staff A was hired on [redacted] and only began assisting with medications in the past 2 weeks; Staff B, hired on [redacted] had the same training as Staff A on [redacted] and began assisting with the medications right away.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a limited nursing services (LNS) monitoring visit that were conducted on , 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit, and the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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