STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	07/30/2013
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)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) was conducted on . . . . . in conjunction with a 2nd revisit to CCR# 2013003361 of . . . . . and a complaint survey, CCR# 2013007131.

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

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interviews, the facility failed to assure the required health assessment form 1823 was completed in entirety for 3 (Residents #10, #14 and #17) of 3 residents whose medical files were sampled.

Findings include:

Record review revealed Resident #10, admitted to the facility on . . . . . had an initial health assessment dated . . . . . Under Section 2D. (page 2) the question asks the health care provider: In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or . . facility, was checked off as No.

Further review of the 1823 revealed the resident needed assistance in ambulation, toileting and transferring and was independent for all other activities of daily living. She was observed in her . . . . . and was oriented and alert. She said staff assist her as needed. Record review also revealed she receives home health nursing since med . . 2013 for the care of a . . . that has shown improvement during the last 2 nursing visits.

There were no notes in the resident's medical file requesting clarification from the provider, who may have misunderstood the question.

Record review revealed Resident #14 was admitted to the facility on . . . . . Her most recent health assessment, form 1823 was missing: p. 1 Resident's date of birth, facility name, address, phone number and contact person, height and weight; pages 2-4 were missing the resident's name and date of birth.

Continued record review revealed no attempts by facility to obtain the missing information from the resident's health care provider.

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Record review revealed Resident #17 was admitted to the facility on . . . . . Review of the most recent health assessment form 1823 was missing the following: p. 1 date of birth, facility name, address, phone number and contact person. Under Section 1, known . . was left blank, height and weight was left blank; p. 2 Secion 1 A was missing the type of assistance if any was needed for toileting and transferring; p. 3 Section 2A was blank when asked about handling personal affairs and handling financial affairs. ; p. 4 did not indicate if the resident needed help with taking medications although the next line was checked that the resident needed assistance wtih self-administration of meds. Pages 2-4 did not have the resident's name or DOB. The health assessment also did not mention that the resident was receiving Hospice services.

Interview with the Director of Nurses/Wellness Director on . . . . . at approximately 1:30pm revealed he was hired at the facilitly a few months ago. He said he was not aware that the required health assessments were missing information but acknowledged they were and that all residents health assessments would be reviewed/audited for completeness.

Interview with the facility's Administrator and Regional Quality Assurance nurse on . . . . . at approximately 2:00pm revealed it was the responsibility of the staff but ultimately the Administrator to assure the health assessments are reviewed and clarification obtained when necessary but both acknowledged the missing information. They said they had worked on a software program that would make it easier for the health care providers to enter the information by computer and not miss required information.

CLASS III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have three of three (#A, #B & #C) personnel files of sampled direct care staff contain a current annual documentation of freedom from . . . . . from a health care provider.

Findings include:

Record review on . . . . of direct care staff #A's personnel file revealed there was no documentation that staff #A had been tested for . . . . . since . . . .

Record review on . . . . of direct care staff #B's personnel file revealed there was no documentation that staff #B had been tested for . . . . since . . . . .

Record review on . . . . of direct care staff #C's personnel file revealed there was no documentation that staff #C had been tested for . . . . . since . . . . .

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The Administrator, during an interview on approximately 2:30 p.m., verified that the necessary documentation was not in the personnel files of the sampled direct care staff.

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: Revisit, Biennial & **CCR# 2013007131**

This letter reports the findings of a state licensure survey revisit, a biennial state licensure survey, and a complaint survey that were conducted on 30, 2013, by a representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected during the revisit and the deficiencies identified on the day of the visit relative to the biennial and complaint 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 surveyors. 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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