STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966990	09/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Braybrook At Bayonet Point	7532 State Road 52 Bayonet Point, FL 34667	

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

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D

Specific Tag Findings:

Assisted Living Facility

A biennial state licensure survey was conducted on in conjunction with a revisit to CCR# 2013004703.

The Braybrook at Bayonet Point, assisted living facility, had deficiencies at the time of the visit.

Based on record review and interview, the facility failed to have one of three personnel files of sampled direct care staff (#C) contain a free from communicable statement signed by a health care provider. The facility also failed to have one out of three sampled direct care staff (#C) contain a current annual documentation of freedom from

Findings include:

Record review on of direct care staff #C's personnel file revealed there was no documentation stating the staff #C who was hired on was free of communicable and there was no documentation which stated staff #C had been tested for annually.

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

Class III

0082-Training - 58A-5.0191(3) FAC

Based on record review and interview, the facility did not have documentation of completed training on for one of three (Staff #C) sampled direct care staff.

Findings include:

Staff #C's personnel file was reviewed on and the file did not contain any certificate or documentation showing that training had been completed. Staff #C had been hired on

The administrator was interviewed on at 2:35 p.m. The administrator acknowledged the findings and stated that staff #C had been employed since

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Braybrook at Bayonet Point
7532 State Road 52
Bayonet Point, FL 34667

Dear Administrator:

Re: Revisit and a biennial

This letter reports the findings of a state licensure survey revisit and a biennial state licensure survey that were conducted on 18, 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicates the deficiency that was corrected relative to the revisit and the deficiencies that were identified on the day of the visit relative to the biennial. 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 Y Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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