STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	11/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Belleair Country House	2298 Belleair Road Clearwater, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment
0025-Resident Care - Supervision
0028-Resident Care - Activities Of Daily Living-11/22/2013
0052-Medication - Assistance With
0053-Medication - Administratio
0084-Training - Assis Self-Admin Meds & Med Mgmt-11
0152-Physical Plant - Safe Living
0165-Risk Mgmt & Qa; Adverse Incident Report-1

Revisit Repeat Tags:

0093-Food Service - Dietary Standards-58a-5.020(2) Fac
0161-Records - Staff-58a-5.024(2) Fac
0162-Records - Resident-58a-5.024(3) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit to CCR# 2013010068 of was conducted on

The Belleair Country House, assisted living facility, had uncorrected deficiencies at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the facility failed to ensure the resident food menu was reviewed on an annual basis by a dietitian.

Findings include:

Observation of the posted menu on at 9:30 a.m. revealed the last time the menu was reviewed by a dietitian was from to . The menu had not been reviewed on an annual basis.

When interviewed on at 11:30 a.m. , the facility manager stated their dietitian was out of the country and would not be back until after Thanksgiving. She stated she would have the menus reviewed when the dietitian was available.

Uncorrected deficiency from
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	11/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Belleair Country House	**2298 Belleair Road Clearwater, FL 33764**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure that it maintained the minimum training personnel records for 1 (C) of 2 sampled staff.

Findings include:

A review of Staff C's personnel file revealed that she began employment at the facility on and she worked both as a cook and a direct care staff. She was missing the following trainings for direct care staff: control, , elopement training, emergency preparedness and evacuation training, resident rights and training.

When interviewed on at 1:00 p.m., the facility manager stated the trainings had not been done.

Uncorrected deficiency from

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to document semi-annually weighs for 3 (#1, #2 & #3) of 3 residents who were sampled for weights.

Findings include:

A record review of Resident #1's clinical file revealed that she was admitted to the facility in
A record review of Resident #2's clinical files revealed that he was admitted to the facility
A review of Resident #3's clinical file revealed she was admitted
Weights must be documented on a semi-annual basis if the resident is getting assistance with activities of daily living.

The only weights available for Resident #1 was 180 on Resident #2 had no weight record. Resident #3 weighed 203 on

An interview was conducted with the facility manager on at 12:00 p.m. She stated they did not have a wheel chair scale so they could not weigh the residents. She also stated that another problem with getting weights for the residents is if they see the house doctor who comes to the facility, then they are not weighed in the doctor's office where a wheel chair scale is available. The manager said they are looking into buying a wheel chair scale but until that happens, she doesn't know how the residents will be weighed.

Uncorrected deficiency from
Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Belleair Country House
2298 Belleair Road
Clearwater, FL 33764

Dear Administrator:

Re: Revisit to **CCR# 2013010068**

This letter reports the findings of a state licensure revisit survey that was conducted on 22, 2013, by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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