STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Pines Manor	10591 Bay Pines Blvd. Saint Petersburg, FL 33708	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on

The Bay Pines Manor, assisted living facility, had deficiencies at the time of the visit.

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

Based on interviews and record reviews, the facility failed to ensure that 1 (#3) of 2 resident records reviewed contained evidence that a face-to-face medical examination was completed timely for Resident #3 who was admitted to the facility on

Findings include:

The resident record for Resident #3, who was admitted on from the hospital, contained a resident contract, list of medications and resident rights information. There was no evidence that the resident was seen by a health care provider 60 days prior to admission or 30 days after admission to the facility. Based on the lack of an examination or AHCA Form 1823, the following information was not available:

1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;
3. Any nursing or services required by the individual;
4. Any special diet required by the individual;
5. Whether the individual will require any assistance with the administration of medication;
6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff;
7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual 's needs can be met in an assisted living facility; and
8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Pines Manor	10591 Bay Pines Blvd. Saint Petersburg, FL 33708	

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

health care provider from another state.

During an interview with the Administrator on at 3:15 p.m., he confirmed that there was no medical examination information on the resident and that he was admitted from the hospital. He stated that the resident goes to the Veterans Administration on a regular basis and that the information can be gotten from there.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record reviews, the facility failed to maintain an up to date Medication Observation Record (MOR) for each resident who required assistance with self administration of medications for 3 of 4 MORS reviewed (Residents 1, 3, and 5).

Findings include:

1. A review of the 2013 MOR for Resident #1, with diagnoses of High and II, revealed medications were not marked as given as follows:
0.25 mg by mouth daily at noon for not documented on the MORS on and
and 10 mg by daily at bedtime not documented as given on and

2. A review of the 2013 MOR on at approximately 10:00 a.m. for Resident #3, revealed the following medications not documented as given:
20 mg daily at 8 am for not documented on the MORS on and
5 mg daily at 8 a.m., 20 mg 1 tab before breakfast at 7:30 a.m., 50 mg 2 tabs every 6 hours for pain (8 a.m., 2 p.m., 8 p.m. and 2 a.m.) not given at 8 a.m.
5 mg twice daily for thought (8 a.m. and 8 p.m.) not given at 8 a.m.

An interview with Staff A on at 10:30 a.m. revealed that all 8 am medications were not given on as the resident left the facility to go eat breakfast and attend a group session.

3. A review of the MOR for Resident #5, who was admitted to the facility on , revealed the following medications not documented as given as follows:
50 mg one per day at 8 a.m. for and not documented as given on , , , and , and 3 mg, one at bedtime (8pm) not documented as given on and
Interview on with Staff A revealed that the mediations were not immediately available in the facility when the resident was admitted on

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Pines Manor	10591 Bay Pines Blvd. Saint Petersburg, FL 33708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, interview and record reviews, the facility stores and supervises the self administration of medications for a non assisted living facility resident (Resident #6).

Findings include:

The facility is comprised of independent living residents and assisted living residents. The facility does not supervise self administration of medications for independent residents. Observation of stored medications for the assisted living residents revealed medications for a resident who is not a part of the assisted living facility's census. The facility is licensed for 6 residents and their census on the day of the survey was 6 residents (5 in house and 1 in the hospital).

Interview with Staff A on at approximately 10:00 a.m. revealed that because this independent resident cannot be trusted to maintain and store his own medications, the facility does it for him.

A 2013 medication observation record (MOR) was observed for this independent living resident and facility staff is documenting supervision of his medications.

An interview with the independent living resident was conducted on at approximately 2:00 p.m. He stated that he has lived in the Cottages since mid He wants his own cannot have one in assisted living. His psychiatrist decided about 5 months ago that he needed supervision with his medications. He confirmed that the facility orders and stores his medications, along with providing supervision of self administration.

Interview with the administrator on at 3:30 p.m. confirmed the above information.

Class III

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

Based on interviews and record reviews the facility failed to ensure that 2 of 2 staff (A and B), who provide direct care, were free from based on a statement from a health care provider annually.

Findings include:

Staff A was hired on Included in her personnel file was a statement from a health care provider dated , that she is free from communicable
Staff B was hired on Included in her personnel file was a statement from a health care provider dated , that she is free from communicable

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Pines Manor	**10591 Bay Pines Blvd. Saint Petersburg, FL 33708**	

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

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interviews and facility record reviews, the facility failed to ensure that 2 of 2 staff (A and B) who provide direct care to residents and who have been employed longer than 30 days received the required training and updates.

Findings include:

The facility was unable to provide documentation that Staff B, hired , had received 1 hour in-service training in control, including universal precautions, and facility sanitation procedures.

In addition, there was no evidence to ensure that Staff A, hired or Staff B, had received in-service training regarding the facility's resident elopement response policies and procedures or that they were provided with a copy of the facility's resident elopement response policies and procedures.

Class III

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

Based on facility record reviews, the facility did not ensure that 1of 2 staff had completed a one-time education course on and including the topics prescribed in the Section 381.0035, F.S.

Findings include:

The facility could not find documented evidence that Staff A, hired had completed an and course.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on interviews and facility file reviews, the facility failed to ensure that one staff member was in the facility at all times who held a current and valid certificate in First Aid and 2 (A, B) of 2 staff employed by the facility had expired certificates in their personnel files. There was no evidence of current certification in and First Aid for the Administrator who is also left solely in charge of the facility on occasion.

Findings include:

The personnel file for Staff A, hired contained a training card dated , which has expired. The file also contained a First Aid training card dated , which is also expired.

There was no evidence of training in or 1st Aid for Staff B, hired .

The personnel file for the Administrator contained a R/1st Aid card dated , which had expired.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Pines Manor	10591 Bay Pines Blvd. Saint Petersburg, FL 33708	

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

During an interview with the Administrator on [redacted] at 3:15 p.m., he stated that he was quite certain that the valid card for this staff person was in her personnel file located at his other facility. He stated that all staff is due for "recertification", including himself.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview, the facility failed to ensure that the Administrator, who is responsible for the day-to-day supervision of food services had obtained 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

During an interview with the Administrator on [redacted] at 3:15 p.m., he stated that he had not obtained the required continuing education in food service in the past year.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bay Pines Manor
10591 Bay Pines Blvd.
Saint Petersburg, FL 33708

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161