STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	02/28/2014
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 - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= G

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014001548, was conducted from

The Baytree Lakeside, asisted living facility, had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on observation, interview and record review, the facility failed to ensure that 1 of 9 sampled residents (Resident #1) met admission criteria for assisted living residency.

Findings include:

On at 11:10 AM, Resident #1 was observed in his Resident #1 was sitting in a recliner with a wheelchair nearby. Resident #1's bed was a hospital bed with an inflated mattress and half-bed rails. Resident #1 stated that he liked to remain in his ate meals in his stated the staff bring his medications to his

A review of Resident #1's record indicated that Resident #1 was admitted to the facility on The record contained a health assessment dated The health assessment indicated Resident #1 was "bedridden, bed to wheelchair", required "medication administration and required "24 hour nursing supervision," was a risk and his needs could not be met at an ALF.
Resident #1's discharge notes from his last hospitalization at Bay Pines Veteran's Administration hospital on contained documentation indicating "patient would benefit from rehab/nursing home" and the discharge plan indicated "snf referral"(skilled nursing facility).

When interviewed on at 12:20 PM, the facility's director of nursing (DON) stated that she met with Resident #1 at the hospital and the hospital staff felt strongly that Resident #1 needed a nursing home. However, the DON stated Resident #1's family didn't want him in a nursing home and the DON believed Resident #1's only limitation was being unable to walk and hoped this would improve with physical The DON stated she was concerned about the direct care staff having to transfer a resident who weighed over 200 and said that admitting the resident was primarily "a business decision." The DON also stated "He's skilled level. I know he is."

On at 8:50 AM, a home health nurse who was providing care to Resident #1 was interviewed and stated that hospital staff felt Resident #1 needed nursing home care at the time of discharge and the current concern was that the resident would develop due to his "overall

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On at 9:15 AM, a follow-up interview was conducted with the same home health nurse who stated that Resident #1 had been hospitalized on with a and a

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review, the facility failed to ensure that the unlicensed medication technicians (Med Techs) were correctly assisting with self-administration of medication as defined in Florida statute 429.256; to include having centrally stored medications in properly labeled previously dispensed containers, reading the label and opening the container in the presence of the resident, providing the medication to the resident as prescribed, watching the resident take the medication and keeping an accurate record of when the residents receive the medication for 7 of 9 sampled residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #7, Resident #8 and Resident #9). Failure to properly assist with self-administration of medication can place residents at risk of harm through medication errors.

Findings include:

During a review of the Medication Observation Record (MOR) for Resident #1, it was noted that Resident #1 arrived at the facility on and was prescribed Amoxycillin 500 mg/125 mg to be given three times per day for a beginning on Resident #1's MORs were not signed at all for this medication on and Since , the only day the MORs were initialed for the afternoon and night time doses was (Photos taken)
When Resident #1's medications were checked on at approximately 2:15 PM, it was noted that the package for Resident #1's prescribed Amoxycillin indicated the prescription was filled on and the package contained 21 pills. The medication was to be given three times per day. On there were 5 pills remaining in the package when it was expected the package would be empty. (Photo taken)
When interviewed on at 2:25 PM, Employee A, a Med Tech, stated she did not know what was happening with Resident #1's Amoxycillin and stated "it's in the med cart with his other meds. I give it to him in the morning. He should be getting it."
The facility's Director of Nursing (DON) was interviewed on that same date at 2:40 PM and stated she did not know why Resident #1's Amoxycillin was not given to him according to schedule.
On at 9:20 AM, a home health nurse who was involved in treating Resident #1 was interviewed. The home health nurse reported that Resident #1 was hospitalized on due to a recurring and stated she believed Resident #1's condition was "directly related to his not being given."

During a medication pass conducted on at 9:35 AM, Employee A was preparing medications for Resident #2. As Employee A removed the bubble packs of medications from the cart and popped the pills into a souffle cup, Employee A signed/initialed the MOR prior to bringing the medications to Resident #2. When Employee A approached Resident #2, she stated, "I have your medications." Employee A did not read the label to Resident #2 or advise Resident #2 what the medications were.

On that same date at 9:40 AM, Employee A prepared the medications for Resident #3. As Employee A popped the pills from the bubble package of medication into the souffle cup, she signed the MOR prior to the resident taking the medication. Employee A then took the souffle cup to Resident #3 and gave her the medications. Employee A did not read the label to Resident #3 or advise Resident #3 what the medications were.

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On that same date at 9:50 AM, Employee A removed the bubble package of medication for Resident #4 from the medication cart and popped the medications into a souffle cup, initialing the MORs as she did so, prior to Resident #4 being given the medication. Employee A then approached Resident #4 in the dining stated, "I have your meds", handed Resident #4 the souffle cup and left the table and returned to the medication cart. Employee A did not read the label in the presence of the resident or observe Resident #4 take her medication. Resident #4 then stated to Employee A "I think I dropped my pill." Employee A returned to Resident #4's table and checked the table and floor and then stated "No you didn't. It's just a piece of rice." Employee A then asked Resident #4 if she'd swallowed all of her pills and Resident #4 stated "I think so."
A review of Resident #4's MOR for 2014 indicated that Resident #4 was prescribed DR 20 caps, take 1 by mouth every day before meal for . Resident #4 had finished eating her meal prior to receiving her medications.

On at 12:10 PM during the medication pass, Employee A, was observed to remove a pill organizer from the medication cart, take pills from the pill organizer and transfer them to a souffle cup. Employee A then took the souffle cup and a cup of water to Resident #7. Employee A then advised Resident # 7 "Here's your Zen Pep."
When interviewed at 12:12 PM regarding the pill organizer, Employee A stated that Resident #7's medications come from a "different pharmacy" and are in bottles instead of bubble packs so the director of nursing (DON) puts them in pill organizers to keep them in the medication cart.
Resident #7's medication observation record (MOR) for 2014 indicated that the resident was prescribed Zenpep 5000-17000-270000, 1 tablet 4 times per day.
During an interview with the facility's Director of Nursing (DON) conducted on that same date at 1:10 PM, the DON confirmed that she put Resident #7's medication in pill organizers to make it easier on the staff to dispense and had not realized she could not do that.

The MORs for 2014 were reviewed for Resident #8. The review indicated that on there were no initials or signatures indicating that Resident #8 received her prescribed 8:00 AM medications (Red yeast Rice 600 MG Cap, 10 mg, 600 +) and there was no documentation on the back of the MOR giving the reason for the missed dosages.

The MORs for were reviewed for Resident #9 and it was noted that there was no signature or initials for Resident #9's 8:00 PM medications on (Simvastin 20 MG and 300 MG). There was no documentation or explanation on the back of the MOR.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

Re: **CCR# 2014001548**

This letter reports the findings of a state licensure survey that was conducted on 18-28, 2014, 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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2014

Morningstar Assisted Living LLC dba Baytree Lakeside
Attention: Laura Goicu, Administrator
6411 46th Avenue North
St. Petersburg, FL 33709

Dear . . . Goicu:

This letter reports finding of a complaint survey conducted from , by representatives of the Agency for Health Care Administration. Within 10 business days from receipt of this letter, you are directed to comply with the tangible steps outlined below in order to correct the deficient practice. Attached are the deficiencies noted in the investigation.

The survey resulted in findings of noncompliance with the following areas:

1) **A 0052** – Assistance with Self-Administration of Medication - Class II
Your Assisted Living Facility failed to ensure that unlicensed staff were correctly assisting with self-administration of medication as defined in F.S. 429.256. **Please identify how they were doing this wrong.**

2) **A 0007** – Admissions Criteria – Class III
Your Assisted Living Facility failed to ensure that all residents met criteria for assisted living.

Your facility must comply with the following:

1) All facility staff providing assistance with self-administration **of medication** to residents must be re-trained on correct medication practices by a licensed pharmacist or registered nurse using the 2012 Assistance with Self-Administration Medication Guide released by the Department of Elder Affairs and available on their website at:
http://elderaffairs.state.fl.us/doea/publications.php.
This must be completed within 10 days from the date of this letter.

   Until all staff have been re-trained on assistance with self-administration with medication, the facility's Director of Nursing must either administer the residents' medications or be present and directly observe the unlicensed staff when they are assisting the residents with self-administration of medications.

2) Your facility must develop a written policy outlining your facility's practices for unlicensed staff assisting with self-administration. **This must be completed within 10 days from the date of this letter.**

3) Your facility must contract with a consultant pharmacist or registered nurse to audit your medications, medication carts and storage and medication observation records. The consultant shall also assist with the development of the policy noted in item #2. **This must be completed within 10 days of the date of this letter.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact **Paul Brown**, ALF Supervisor, at 727-552-2000.

Sincerely,

Patricia Reid Kaufman
Field Office Manager