STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	**02/20/2014**
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)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-02/20/2014
0081-Training - Staff In-Service-02/20/2014
0082-Training -
0083-Training - First Aid And 20/2014
0085-Training - Nutrition & Food Service-02/20/2014

Revisit Repeat Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0054-Medication - Records-58a-5.0185(5) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt
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 revisit survey to the biennial state licensure survey of was conducted on

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

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

Based on interviews and record reviews, the facility failed to ensure that 1 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 .

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 health care provider from another state.

During an interview with the Administrator on . at 10:15 A.M., he stated that he had sent the resident to the Veteran's Administration VA) to get the form filled out, but that they have not returned it yet. He states he cannot seem to get the staff at the VA to cooperate with him in order to get the required information. He stated that the resident goes to the Veterans Administration on a regular basis and is changing doctors and has an appointment in so he should be able to get it then.

Class III

Uncorrected deficiency

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 2 of 4 MORS reviewed (Residents 1 and 3).

Findings include:

1. A review of the 2014 MOR for Resident #1, with diagnoses of High and . II, revealed medications were not documented as given as follows:

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0.25 mg by mouth daily at noon for not documented on the MORS on and and 40 mg 1 daily at 8 am not documented as given on and .

An interview with Resident #1 was conducted on at approximately 10:30 A.M. He stated that he did get his medications today and that he normally gets them every day.

2. A review of the 2014 MOR for Resident #3 on at approximately 10:00 A.M. revealed the following medications not documented as given on .

20 mg daily at 8 am for
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 the Administrator and Staff A revealed no explanation for the lack of documentation.

Class III

This is an uncorrected deficiency

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

Based on interviews and record reviews the facility failed to ensure that 1 of 2 staff (Staff A) who provide direct care, does not have any signs or symptoms of a communicable including

The personnel file for Staff A, who was hired on did not contain a statement from a health care provider, (based on an examination within the last 6 months), that she was free from communicable , including .

Interview with Staff A and the Administrator on at approximately 10:30 A.M. confirmed this.

Class III

Uncorrected deficiency

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observations, interviews and file reviews, the facility failed to ensure that 1 of 2 staff (Staff A) who provide assistance with self administration of medications had received the required training.

Staff A, who was hired on , had not received the initial 4 hour training in medication management.

Interview with Staff A and the Administrator on at approximately 10:30 A.M. confirmed this.

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The facility has an uncorrected deficiency related to the accuracy of the medication observation records and Staff A could not explain why the records were incomplete. (See A0054)

Class III

New deficiency

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 state licensure revisit survey that was conducted on , 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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