STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965888	06/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mary's On Bayshore	441 Bayshore Drive Venice, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:
An unannounced abbreviated Biennial and Limited Nursing Service (LNS) survey was completed on . . . . . at Mary's on Bayshore, an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0161-Records - Staff 58A-5.024(2) FAC
Based on observation, interview, and record review the facility failed to ensure all staff had a complete personnel record for 1 (Staff C) of 2 staff files reviewed.

The findings include:

Staff C was observed assisting residents when the surveyors arrived on . . . . at 9:30 a.m.

Staff A, the Owner, stated on . . . . . at 10:30 a.m., that Staff C had been hired on . . . . . to assist with resident personal care for 1 hour in the mornings, before she (Staff C) begins work for a Home Health Agency. Staff A was asked for Staff C's personnel record at that time.

At 11:30 a.m. Staff A produced an eligible background screening document and a Home Health Aide (HHA) certificate with competency testing for Staff C. Staff A was asked for the HHA course content and for documentation of all facility training completed with Staff C.

Staff A stated that although she had trained Staff C in the facility's Elopement, ... Policy, and Emergency plan she had failed to document the training.

Staff A also admitted she had no freedom from communicable . . . . . and . . . . . documentation, completed within 30 days of hire for Staff C. Further, she admitted she had no documentation to show Staff C completed . . . . . control, activities of daily living, resident behavior, ... resident rights, and . . . . . neglect and . . . . . trainings. Staff A stated she was relying on a letter from the Home Health Agency Staff C also works for. She explained, the Home Health Agency also employees Staff C and has her credentials there. However, she admitted she pays Staff C directly and not through the Home Health Agency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Mary's On Bayshore
441 Bayshore Drive
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was conducted on 2014 by representatives 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 after 2014 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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