STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	06/26/2014
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR# 2014004213, was done in conjunction with a limited nursing services (LNS) monitoring visit on [redacted].

Baytree Lakeside, assisted living facility, had deficiencies at the time of the visit relative to the complaint survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility failed to document significant changes, illnesses, or changes that resulted in additional services for 3 (Residents #1, #2, and #3) of 4 residents sampled for record review.

Findings include:

In the interview with the director of wellness on [redacted] at approximately 10:00am, she reported that Resident #1 had dressing changes by home health to her right lower extremity for drainage. She had [redacted].
Review of Resident #1's home health interdisciplinary communication record dated [redacted] revealed that the resident's right lower leg had an upper [redacted] and a lower [redacted].
Review of Resident #1's facility records revealed no documentation by facility staff about the resident, including no information about her wounds. She had no nurse's notes.
Interview with the director of wellness on [redacted] at approximately 2:35pm revealed that she had been called to Resident #2's [redacted]. His vision was fixed and he did not respond. She called emergency medical services and he was sent to the hospital. Then he went to rehabilitation (facility) for 1-1/2 months and he came back [redacted].
Review of Resident #2's records revealed that there was no documentation of this incident.
In the interview with the director of wellness on [redacted] at approximately 1:00pm, she stated that Resident #3 reported [redacted] to the Department of Children and Families (DCF) and they came out to the facility. The director of wellness also reported in a later interview on [redacted] at approximately 1:40pm that DCF called the police.
Review of Resident #3's records revealed that there was no documentation of this [redacted] accusation or any investigation by the facility or follow up.
In the interview with the director of wellness on [redacted] at approximately 2:35pm, she stated that she had nothing to do with the thinning out of the charts and she did not know what her former assistant did with the records. She will get in the boxes and look for them. At approximately 3:45pm, the director of wellness acknowledged that there should be better notes in the residents' records.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	06/26/2014
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)		

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report to the state agency for 1 (Resident #3) of 1 residents sampled related to an accusation of [redacted].

Findings include:

In the interview with the director of wellness on [redacted] at approximately 1:00pm, she stated that Resident #3 had reported [redacted] to the Department of Children and Families (DCF) and they came out to the facility. Review of Resident #3's records revealed that the facility had no documentation about the resident's accusation of [redacted]. There was no report in her nurse' notes.
In a later interview on [redacted] at approximately 1:40pm about the [redacted] investigation, the director of wellness stated that the police had been called by DCF. She also explained that she did not do an adverse incident report because she did not know it was needed because DCF was involved already.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: LNS Monitoring Visit & **CCR# 2014004213**

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit and a complaint survey that were conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates no deficiencies were identified relative to the LNS monitoring visit and the deficiencies that were identified relative to the complaint survey. 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 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

Enclosures: State (5000-3547) Forms

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