STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965032	07/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pavilion At Bayview (the)	161 B Marine Street Saint [illegible], FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR #2014005689, was conducted on , 2014. Pavilion At Bayview had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to ensure that a current and complete resident health assessment was maintained in the resident's clinical record for 4 of 4 sampled residents. (Residents #1, #2, #3 and #4)

The findings include:

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #1 which was dated and signed by an advanced registered nurse practitioner (ARNP) on revealed that it was incomplete. The following information was missing:
Page 1: The spaces for the facility telephone number and contact person were left blank.
Page 2: Section B: No diet was identified.
Page 4: Section B: The amount of assistance that the resident required with medications was not identified.
Page 5: Section 3: This section was for services offered by the facility for the resident. The administrator or designee was required to complete this section. The entire page was blank. There was no signature or date. (Copies obtained)

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #2 which was dated and signed by a physician on revealed that it was incomplete. The following information was missing:
Page 1: The section for physical or sensory limitations was left blank.
Page 2: Section C: This section was for documentation of . It was left blank.
(Copies obtained)

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #3 revealed that it was incomplete. The following information was missing:
Page 1: The spaces for the facility contact person, physical or sensory limitations, or behavioral status, nursing treatment/ services, and special precautions were all left blank.
Page 2: Section B: No diet was identified.
Page 4: Section B: The amount of assistance that the resident required with medications was not identified. The name and signature of the examiner, the medical license number, the examiner's address and telephone number, the title of the examiner, and the date of the examination were all left blank. (Copies obtained)

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #4 which was dated and signed by an advanced registered nurse practitioner (ARNP) on revealed that it was incomplete. The following information was missing:

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Page 1: The spaces for the facility address, telephone number and contact person were left blank.
Page 4: Section A: The medication list was blank. There was no indication that there was an attachment with current medications. Section B: The amount of assistance that the resident required with medications was not identified.
Page 5: Section 3: This section was for services offered by the facility for the resident. The administrator or designee was required to complete this section. The entire page was blank. There was no signature or date. (Copies obtained)

During a interview with the administrator at approximately 2:45 p.m., she acknowledged that the health assessments for Residents #1, #2, #3, and #4 were incomplete.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee file review and staff interview, the facility failed to ensure that 1 of 5 employees received training in reporting major incidents (Employee C) and 3 out of 5 employees received training in safe food handling practices.(Employee C, D, E)

The findings include:

Record review of the personnel file for Employee C (hired) could not locate evidence that Employee C received training in incident reporting and safe food handling practices.

Record review of the personnel file for Employee D (hired) could not locate evidence Employee D received training on safe food handling practices.

Record review of the personnel file for Employee E (hired) could not locate evidence Employee E received training on safe food handling practices.

The findings were confirmed during interview by the Administrator on at approximately 3:00 p.m. She stated she did not have evidence of the training.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee file review and staff interview, the facility failed to ensure 3 of 5 employees received at least one hour of training in the facility's policy and procedures regarding .(Employee C, D, E)

The findings include:

Record review of the personnel file for Employee C hired) could not locate evidence that Employee received training on the facility's policy and procedures regarding

Record review of the personnel file for Employee D (hired) could not locate evidence Employee D received training on the facility's policy and procedures regarding

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Record review of the personnel file for Employee E (hired) could not locate evidence Employee E received training on the facility's policy and procedures regarding .

The findings were confirmed during interview with the Administrator on at approximately 3:00 p.m. She stated she did not have evidence of the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Pavilion at Bayview
161 B Marine Street
Saint , FL 32084

RE: CCR #2014005689

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 23, 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 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 -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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