STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963788	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Balmy Beach Retirement Home	1030 Balmy Beach Drive Apopka, FL 32703	
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= B
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= B

Specific Tag Findings:

0000-Initial Comments
Complaint Inspection #2014004410 was conducted on . . . . . Balmy Beach Retirement Home had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to maintain a written record of significant changes, illnesses which resulted in a hospital admission 1 of 5 sampled residents (#5).

Findings:

During an interview with the administrator on . . . . . at approximately 12:30 PM, she stated resident #5 was admitted on . . . . . at around 8:30 PM. She stated the resident complained of pain the next day. 911 was called and he was transported to the hospital and did not return to the facility.

Record review for resident #5 revealed there was no documentation in his record that noted what had occurred causing him to be transported to the hospital. There was no documentation to confirm that the facility staff had contacted the health care provider and family informing them that the resident complained of pain and was transported to the hospital.

During the interview with the administrator on . . . . . at approximately 2 PM, she confirmed that there was no documentation of the significant change and that the family and health care provider was contact.

Class . .

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to ensure they maintained an up-to-date admission and discharge log.

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Findings:

During an interview on [redacted] at approximately 10 AM with the facility supervisor, it was revealed that resident #3 and #4 both resided at the facility. She explained that they resided at the facility from [redacted] through approximately [redacted] according to the Medication Observation Record (MOR).

Review of the admission and discharge log revealed that resident #3 and #4 were not listed.

During an interview with the administrator on [redacted] at approximately 12:30 PM, she stated resident #3 and #4 were only at the facility for a short period and she did not consider them as being admitted.

Class [redacted]

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to ensure that 3 of 5 sampled residents were provided a resident contract before or at the time of admission.

Findings:

Record review for resident #3, #4 and #5 revealed that their records did not contain a resident contract.

During an interview with the administrator on [redacted] at approximately 12:30 PM, she stated she did not consider resident #3, #4 and 5 as being admitted to the facility because they only resided at the facility for a short time and contracts were not completed.

Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. .2014

Administrator
Balmy Beach Retirement Home
1030 Balmy Beach Drive
Apopka, FL 32703

RE: CCR #2014004410

Dear Administrator:

This letter reports the findings of a state licensure 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 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 Lorraine Henry at . . . . . .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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