STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965032	08/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pavilion At Bayview (the)	161 B Marine Street Saint FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0081-Training - Staff In-Service-08/21/2014
0090-Training - 8/21/2014

Revisit Repeat Tags:
0000-Initial Comments-
0008-Admissions - Health Assessment-58a-5.0181(2) Fac

Specific Tag Findings:

0000-Initial Comments
A follow-up vist was conducted on 21, 2014 at The Pavilion at Bayview. One deficiency A0008 was re-cited.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record reviews and interviews with staff, the facility failed to obtain complete information on the Resident Health Assessments (AHCA form 1823) for 4 of 5 sampled residents whose records were reviewed (Residents #2, #3, #5 and #6).

The findings include:

A record review was conducted for Resident #2. The Resident Health Assessment (AHCA form 1823) which was signed and dated by the examiner on contained the following omissions:

The section for physical and sensory limitations on page 1 was blank.
Section C on page 2 for the documentation of the presence of was blank.
(Photos obtained.)

A record review was conducted for Resident #3. The Resident Health Assessment (AHCA form 1823) which was signed and dated by the examiner on was not completed to indicate the prescribed diet for the resident. On page 3, the examiner marked the box indicating Resident #3 required medication administration.

A record review was conducted for Resident #5. The Resident Health Assessment AHCA form 1823) contained the following omissions:

On page 4, the examiner neglected to document the list of prescribed medications for Resident #5. He/she also neglected to indicate they type of assistance Resident #5 required for the self-administration of medication. Finally, the examiner did not document his/her name, signature, medical license number, address, telephone number, or date.

A record review was conducted for Resident #6. The Resident Health Assessment (AHCA form 1823) which was signed and dated by the examiner on contained the following omissions and errors:

On page 1, under the nursing/treatment/ services required section, the examiner stated Resident #6 required her medications to be administered. On page 4, which was dated the examiner noted Resident

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#6 required assistance for the self-administration of medication, but did not specify was level of assistance was required. Page number 5 was missing altogether.

An interview and record review was conducted with the facility Manager at 1:55 pm on . . . . She confirmed the omissions and conflicting information on the health assessments for Residents #2, #3, #5 and #6. She stated that Resident #3 required assistance with self-administration, not administration by a nurse. The manager stated this would need to be corrected.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
The Pavilion At Bayview
161 B Marine Street
Saint FL 32084

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

All deficiencies shall be corrected no later than 2014.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

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

LL/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com