STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953622	09/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Freedom Inn At Bay Pines	9797 Bay Pines Blvd Saint Petersburg, FL 33708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on .

Freedon Inn at Bay Pines, assisted living facility, had deficiencies at the time of the visit.

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview, the facility failed to ensure Nursing Progress Notes were appropriately maintained for two (Residents #1 and #2) of two residents and monthly Nursing Assessments were conducted for one (Resident #1) of two residents receiving LNS (Limited Nursing Services).

Findings include:

1.A. Resident #1 is an female admitted to the facility with diagnoses that include with Regurgitation, Ejection Fraction 30-35%, and

The clinical record for Resident #1 contained a physician order dated for LNS services of continuous at 3L/min via NC (three liters per minute via nasal cannula).

Further review of the Resident's clinical record revealed, since , there were no LNS Progress Notes for the following dates: through and .

1.B. Resident #2 is a male admitted to the facility with diagnoses that include and .

The resident's clinical record contained an order dated for "Daily Cath care with soap and water." The facility placed the resident on LNS

The facility provided "ECC/LNS Progress Notes" for Resident #2 with entry dates of through . There are only 10 dated entries on the document: (two notes related to Resident #2 being sent out for change), and . Only four entries document "cath care" was performed, which appear on the and notes. The facility was not able to provide documentation on a daily basis of the physician-ordered daily care with soap and water.

2. Resident #1 started LNS on for the use of continuous at 3L/min via NC (three liters per

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minute via nasal cannula).

Resident #1's clinical record contained only one LNS Monthly Nursing Assessment, dated . The facility was not able to provide the LNS Monthly Nursing Assessment for 2014.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Freedom Inn at Bay Pines
9797 Bay Pines Blvd
Saint Petersburg, FL 33708

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 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,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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