STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966990	**09/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Braybrook At Bayonet Point	**7532 State Road 52 Bayonet Point, FL 34667**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted in conjunction with a complaint survey, CCR# 2014007811, on .

Braybrook at Bayonet Point, assisted living facility, had a deficiency at the time of the visit related to the change of ownership (CHOW) licensure survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review the facility failed to ensure that one (#B) of 3 staff persons whose employment records were reviewed had an annual statement from a health care provider that the staff person is free from the signs and symptoms of . in lieu of annual testing.

Findings include:

An employee record review was conducted with the facility administrator on at 2:30 p.m. The administrator verified that staff person B has a history of testing positive for with skin testing due to exposure to from her country of origin. Staff person B had a chest x-ray with negative findings for on . In lieu of annual testing by x-ray or skin testing the staff person must submit a health care provider's statement that the individual does not constitute a risk of communicating . The most recent health care provider's statement found in the staff person's record was dated .

The administrator verified the finding and stated "I thought we were current with that but I guess the time just went by. We'll get her doctor's statement up to date in the next few days."

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Braybrook at Bayonet Point
7532 State Road 52
Bayonet Point, FL 34667

RE: CCR# 2014007811 & CHOW survey

Dear Administrator:

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure 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 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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