STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910005	10/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Bayshore	4902 Bayshore Blvd Tampa, FL 33611	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on

The Grand Court Tampa, assisted living facility, had deficiencies at the time of this visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff who provides direct care to residents receives in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers the facility ' s emergency procedures including chain-of-command and staff roles relating to emergency evacuation, a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents, a minimum of 1 hour in-service training in control, a minimum of 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , and 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing residents assistance with activities of daily living.

Findings Include:

Three employee records were randomly selected for review on beginning at approximately 11:00am. Per record review, Staff A was hired as a Resident Care Aide/Med Tech on ; Staff B was hired as a Resident Care Aide/Med Tech on ; Staff C was hired as a Resident Care Aide/Med Tech on

Per Surveyor review of training records, three Certificates of Completion were observed in Staff A ' s employee file, as follows:

Employee Orientation - Dining Services Certificate of Completion signed by Director of Human Resources and dated changed to -- no training times or instructor(s) specified, and not within 30 days of hire.

Employee Orientation Certificate of Completion signed by Director of Human Resources and dated , changed to , that includes Assisting with ADLs, , Nutrition, & Bathing-- no training times or instructor(s) specified, and not within 30 days of hire.

OSHA/I , Control and Personal Hygiene Certificate of Completion signed by Director of Human Resources and dated changed to -- no training times or instructor specified, and not within 30 days of hire.

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Per Surveyor review of training records, three Certificates of Completion were observed in Staff B ' s employee file, as follows:

Employee Orientation - Dining Services Certificate of Completion signed by Director of Human Resources and dated , changed from -- no training times or instructor(s) specified.

Employee Orientation-8 hours Certificate of Completion signed by Director of Human Resources and dated , that includes Food Safety, HIPPA, Emergency/Disaster Preparedness, Neglect, and Residents Rights -- no training times or instructor(s) specified.

Employee Orientation Certificate of Completion signed by Director of Human Resources and dated , changed from , that includes Assisting with ADLs, Nutrition, & Bathing-- no training times or instructor(s) specified.

Per Surveyor review of training records, three Certificates of Completion were observed in Staff C ' s employee file, as follows:

Employee Orientation - Dining Services Certificate of Completion signed by Director of Human Resources and dated -- no training times or instructor(s) specified.

Employee Orientation Certificate of Completion signed by Director of Human Resources and dated , that includes Assisting with ADLs, Nutrition, & Bathing-- no training times or instructor(s) specified.

OSHA/I Control and Personal Hygiene Certificate of Completion signed by Director of Human Resources and dated -- no training times or instructor specified.

Surveyor ' s continued record review on of Employee training revealed the following:

Residents ' Rights training - Staff A, B, & C all signed having read Residents ' rights upon hire; there was no indication of participation in the required one hour training.

Recognizing & Reporting , Neglect, & - Staff A named on Training Attendance Roster dated - not filed in employee record; no indication of Staff B & C attending training.

Staff A, B, & C are all listed on Training Attendance Roster as having completed Control training on , not within 30 days of hire and before providing personal care services to residents, and not filed in employee records.

Two of 3 employee records did not contain evidence of 3 hours training in Activities of Daily Living & Behavioral needs: Staff A is listed on Training Attendance Roster as having completed Activities of Daily Living & Behavioral needs training on - only the date is provided; no time or instructor specified. There is no indication of Staff B having completed the required training. (Staff C is a Certified Nursing Assistant with an active license and

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therefore not required to take the ADLs training.)

Three of 3 employee records did not contain evidence of required trainings in Incident Reporting, Emergency Preparedness and Evacuation, and Elopement Response training.

Per interview conducted with the Director of Human Resources on beginning at approximately 2:00pm, the Director stated that although she signed certificates, the trainings were provided by the Assisted Living Manager or other trainer. Surveyors discussed the specific requirements of staff in-service training and documentation requirements with the Director of Human Resources, Assisted Living Manager, and Administrator during facility exit interview conducted

Class III

0082-Training - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all staff have completed a one-time education course on and Failure to ensure staff are trained on places residents at risk of adverse medical consequences.

Findings Include:

Three employee records were randomly selected for review on beginning at approximately 11:00am. Per record review, Staff A was hired as a Resident Care Aide/Med Tech on ; Staff B was hired as a Resident Care Aide/Med Tech on Staff C was hired as a Resident Care Aide/Med Tech on

Per Surveyor review of the training records, all 3 of the 3 employee records did not contain evidence of completion of a one-time education course on and

Per interview conducted with the Director of Human Resources on beginning at approximately 2:00pm, the Director acknowledged there was no evidence of the required training in the employee records.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that required training certificates are documented in the facility s personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Findings Include:

Three employee records were randomly selected for review on beginning at approximately 11:00am. Per record review, Staff A was hired as a Resident Care Aide/Med Tech on ; Staff B was hired as a Resident

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Care Aide/Med Tech on 4/ ε Staff C was hired as a Resident Care Aide/Med Tech on

Per Surveyor review of training records, three Certificates of Completion were observed in Staff A ' s employee file, as follows:

Employee Orientation - Dining Services Certificate of Completion signed by Director of Human Resources and dated , changed to -- no training times or instructor(s) specified, and not within 30 days of hire.

Employee Orientation Certificate of Completion signed by Director of Human Resources and dated changed to , that includes Assisting with ADLs, Nutrition, & Bathing-- no training times or instructor(s) specified, and not within 30 days of hire.

OSHA/I Control and Personal Hygiene Certificate of Completion signed by Director of Human Resources and dated , changed to -- no training times or instructor specified, and not within 30 days of hire.

Per Surveyor review of training records, three Certificates of Completion were observed in Staff B ' s employee file, as follows:

Employee Orientation - Dining Services Certificate of Completion signed by Director of Human Resources and dated , changed from -- no training times or instructor(s) specified.

Employee Orientation-8 hours Certificate of Completion signed by Director of Human Resources and dated that includes Food Safety, HIPPA, Emergency/Disaster Preparedness, Neglect, and Residents Rights -- no training times or instructor(s) specified.

Employee Orientation Certificate of Completion signed by Director of Human Resources and dated changed from that includes Assisting with ADLs, Nutrition, & Bathing-- no training times or instructor(s) specified.

Per Surveyor review of training records, three Certificates of Completion were observed in Staff C ' s employee file, as follows:

Employee Orientation - Dining Services Certificate of Completion signed by Director of Human Resources and dated -- no training times or instructor(s) specified.

Employee Orientation Certificate of Completion signed by Director of Human Resources and dated , that includes Assisting with ADLs, Nutrition, & Bathing-- no training times or instructor(s) specified.

OSHA/I Control and Personal Hygiene Certificate of Completion signed by Director of Human Resources and dated -- no training times or instructor specified.

Surveyor ' s continued record review on of Employee training revealed the following:

Residents ' Rights training - Staff A, B, & C all signed having read Residents ' rights upon hire; there was no

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indication of participation in the required one hour training.

Recognizing & Reporting , Neglect, & - Staff A named on Training Attendance Roster dated - not filed in employee record; no indication of Staff B & C attending training.

Staff A, B, & C are all listed on Training Attendance Roster as having completed Control training on , not within 30 days of hire and before providing personal care services to residents, and not filed in employee records.

Two of 3 employee records did not contain evidence of 3 hours training in Activities of Daily Living & Behavioral needs: Staff A is listed on Training Attendance Roster as having completed Activities of Daily Living & Behavioral needs training on 10/1/13 - only the date is provided; no time or instructor specified. There is no indication of Staff B having completed the required training. (Staff C is a Certified Nursing Assistant with an active license and therefore not required to take the ADLs training.)

Three of 3 employee records did not contain evidence of required trainings in Incident Reporting, Emergency Preparedness and Evacuation, and Elopement Response training.

Staff A, B, & C are all listed on Training Attendance Roster as having completed Policy & Procedures training on not within 30 days of hire, no training times or instructor specified, and not filed in employee records.

Per interview conducted with the Director of Human Resources on beginning at approximately 2:00pm, the Director stated that although she signed certificates, the trainings were provided by the Assisted Living Manager or other trainer. Surveyors discussed the specific requirements of staff in-service training and documentation requirements with the Director of Human Resources, Assisted Living Manager, and Administrator during facility exit interview conducted

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Brookdale Bayshore
4902 Bayshore Blvd
Tampa, FL 33611

Dear Administrator:

This letter reports the findings of a biennial 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 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 S Brown

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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