STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966352	12/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bimini Manor	3791 67 Avenue, North Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey was conducted in conjunction with a capacity increase on .

Bimini Manor, assisted living facility, had a deficiency at the time of the visit.

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility did not maintain all required records to be readily available to Agency staff.

Findings include:

At approximately 9:50am on , the facility's latest emergency management plan with written documentation of review and approval by the county emergency management agency was requested but never furnished. Interview with the administrator at approximately 2:20pm on revealed that "she had provided the master copy of this plan to the emergency management office in early , 2014 for renewed approval, and had failed to create a copy of the latest review/approval stamp for her facility files. In addition, the facility's latest fire safety inspection report was requested but not furnished. The administrator indicated during the same interview noted above that this document had been included among the papers she had provided to the county emergency management agency; again, no copy had been made for the facility records.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bimini Manor
3791 67 Avenue, North
Pinellas Park, FL 33781

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a capacity increase 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 deficiency that was identified relative to the biennial. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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

Enclosures: State (5000-3547) Forms

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