STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Belleair Country House	2298 Belleair Road Clearwater, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced Biennial Licensure survey was conducted on

The Belleair Country House, Assisted Living Facility, had deficiencies at the time of this visit.

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

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including Failure to ensure that all staff are free from communicable ise(s) including places residents (14 on the day of visit), employees, and facility visitors at risk of adverse medical consequences.

Findings Include:

Three of three employee records selected for review on contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including

Staff A was hired as a Resident Care Aide/Medication Technician on employee's records contained a form entitled "Communicable Statement". Per review, the form is used only for documentation of results of testing. Staff A tested negative for on ; there was no documentation that Staff A does not have any signs or symptoms of a communicable including

Staff B was hired as a Manager of Resident Care/Medication Technician on employee's records contained a form entitled "Communicable Statement". Per review, the form is used only for documentation of results of testing. Staff B tested negative for on ; there was no documentation that Staff B does not have any signs or symptoms of a communicable including

Staff C was hired as a Resident Care Aide/Medication Technician on Per employee record review, there was no documentation of testing and no statement of freedom from communicable in Staff C's file.

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Per interview with the facility Administrator on at approximately 2:00 p.m., the Administrator acknowledged missing items in employee records and stated he has been in process of compiling and reviewing all employee files and will ensure all requirements have been completed.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 3 direct care staff received in-service training required within 30 days of hire, placing all 14 residents at risk of facility failure to safely provide needed direct care services, failure to honor residents ' rights and recognize & report neglect, or failure to properly respond to emergency situations, and failure to ensure safe food handling practices.

Findings Include:

Staff B was hired as Manager of Resident Care/Medication Technician on Per review of Staff B's employee records conducted on , there was no indication of completion of training required within 30 days of hire in Emergency Preparedness & Evacuation, Elopement Response, Incident Reporting, Resident Rights, Recognizing & Reporting , Neglect or , Facility Policies & Procedures, and Nutrition & Safe Food Handling in an Assisted Living Facility.

Per interview with the facility Administrator on at approximately 2:00 p.m., the Administrator acknowledged missing items in employee records and stated he has been in process of compiling and reviewing all employee files and will ensure all requirements have been completed.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure that two of three unlicensed staff who provide residents assistance with self-administered medications have successfully completed the annual two-hour update on providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility. Providing assistance with self-administration of medications without completing the required trainings puts residents at risk of adverse medical consequences; all 14 residents on the day of the visit receive assistance with self-administration of medications.

Findings Include:

Per review of the facility's Medication Observation Records and interview with the facility Administrator, Staff A, B and C assist residents with self-administration of medications. The AHCA Surveyor observed Staff A assisting residents with self-administration of medications on beginning at approximately 12:00 p.m.

Per Surveyor review of the facility's employee records conducted on , Staff A completed 4 hours of medication training on - there was no indication of completion of the required annual two-hour training update on providing assistance with self-administration of medications and safe medication practices in an

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Assisted Living Facility. Staff C completed 4 hours of medication training on , as of , record review, there was no evidence of any medication training beyond , there was no indication of completion of the required annual two-hour training updates on providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility.

Per interview with the facility Administrator on the Administrator confirmed that Staff A & Staff C are responsible for assisting residents with self-administration of medications. The Administrator stated he is aware of the need for updated staff training and will be sending all staff responsible for assisting residents with self-administration of medications for updated training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Belleair Country House
2298 Belleair Road
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of a Biennial Licensure survey that was conducted on . 2015 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 ufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida