STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Baytree Lakeside	6411 46th Avenue North Saint Petersburg, FL 33709	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

Assisted Living Facility

A Biennial survey with an Initial Extended Congregate Care (ECC) survey (VRU211) was conducted on

The Baytree Lakeside Assisted Living Facility had deficiencies on the biennial survey.

0053-Medication - Administration 58A-5.0185(4) FAC

Based on staff and resident interviews and record reviews, the facility failed to ensure that only licensed staff administered medications to residents for 4 of 10 residents who receive injections.

Findings Include:

Interviews withe Resident #'s 6, 14, 15 and 16 revealed that medication technicians (Med Techs) will sometimes assist them with their administration by conducting glucose testing and monitoring, preparing syringes and administering the The residents were not aware that the staff was not licensed to administer medication

Resident #6 stated during an interview on at 1:30 P.M., "they shoot the in me and do the testing. I get at night around 8 p.m., but if they don't show up, I go to the med they will do my test. They pull the up based on the number, or tell me to go eat first and come back if it's too low. Sometimes I do my own or sometimes they put the syringe in my arm."

Resident #14 stated during an interview on , "The med techs prick my finger and they put on the card to read in the morning and afternoon. At 7:00 at night they either give me the syringe or sometimes they do it. They pull it up from the vial. I used to have a pen."

Resident #16 stated during an interview on at 11:30 P.M., "They prick my finger. I do my sometimes. I can do it, but they do it sometimes."

Resident #15 stated during an interview on at 1:45 P.M., "They told me I have to do it myself. Before the last few days they were doing it. Whoever works here does it. I did it today though."

Interview with Staff A was conducted at 11:15 A.M. on She stated that she does draw up the for approximately 4 residents and that she injects the if they can't do it themselves. She also stated that she determines the amount of needed for those who are on sliding scales. She knows she should not do this, but the nurse is not in the building or available when it needs to be done.

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Interview with Staff C was conducted on [redacted] at approximately 11:40 A.M. She stated that she has to pull up the [redacted] in the vials for 4 residents because they are not able to do it. She stated that she has also injected the [redacted] for the residents. She stated that she has worked in the facility for a long time and that at one time they had only 3 residents who were [redacted] dependent and could do their own without any assistance. She stated that now there are just too many residents who need help with it. She stated that a nurse is not always available when the [redacted] and/or [redacted] needs to be completed and administered for those who have difficulty.

Interviews were conducted with the Administrator and Director of Nursing on [redacted] at approximately 12:15 and 3:30 P.M. Both stated that unlicensed staff should never administer any medication and that all [redacted] dependent residents are capable of administering their own [redacted] and to complete their [redacted] glucose testing. The Director of Nursing stated that there are times that she is not in the building until after 9:00 A.M. and that she is aware that the [redacted] glucose testing and [redacted] administration occurs before that time. She assumed that the residents were doing their own, because staff is aware that they are not allowed to do it. When asked if there had been any negative outcomes or adverse incidents reported related to medication errors or [redacted] dependent residents, they stated no.

CLASS III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations, interviews and a review of the residents medication observation records (MORS), the facility failed to ensure that resident medications were updated each time the medication is offered or administered for 4 of 10 residents who receive [redacted] and for 1 of 4 residents observed during the medication pass [redacted].

Findings Include:

On [redacted] at 9:40 A.M. an observation of Staff C assisting with self administration of medications for Resident #8 was made. Staff C properly reconciled the medications being given and signed off on the MOR prior to assisting the resident with his medications. She did not discuss with the resident what medications he was taking or the reason for its use.

The MORS were observed for residents who receive [redacted]. For 6 of 10 residents MORS were not accurate and updated.

Resident #14 receives [redacted] 100U/ML: inject 7 units [redacted] at bedtime for [redacted]. This was not documented as given on [redacted] at 8:00 P.M.

Resident #6 receives Lantus 100U/ML: inject 30 units [redacted] daily at bedtime for [redacted]. This was not documented as given on [redacted] at 8:00 P.M. and [redacted] at 8:00 P.M. In addition, the resident's [redacted] sugar is to be tested 2 times daily before meals. This was not documented as done on [redacted] at 8:00 A.M. and [redacted] at 5:00 P.M. or [redacted] at 8:00 P.M.

Resident #15 receives [redacted] 100U/ML: inject 75 units [redacted] in the morning and 60 units in the evening for [redacted]. This was not documented as given on [redacted] at 8:00 A.M. or 6:00 P.M. and 8:00 A.M. on [redacted].

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Resident #16 receives 100U/ML: inject 30 units daily in the morning and evening. This was not documented as given on at 5:00 P.M. In addition the resident's sugar is to be tested 2 times daily before meals. This was not documented as done on at 8:00 A.M. and 5:00 P.M. and at 8:00 A.M.

Interviews were conducted with all 4 residents who stated that they do get their daily and that they do not remember, not getting it on any day. They stated that the staff does check their sugars also.

CLASS III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations and interviews, the facility failed to keep centrally stored medications secured.

Findings Include:

The Wellness Center contains all of the residents' and supplies, including syringes, vials of and glucometers.

At approximately 1:15 P.M. on , the Wellness Center was unlocked with no staff in it. Also observed was a refrigerator that was unlocked that contained approximately 10 baggies with and syringes identified with resident names on them.

The Wellness Center was observed at approximately 2:30 P.M. on unlocked with no one in it. The refrigerator with and supplies was also unlocked.

The Wellness Center was observed on at 3:40 P.M. unlocked with no one in it. The refrigerator was unlocked.

The Wellness Center was observed on at 9:30 A.M. unlocked with no one in it. The refrigerator was unlocked.

Interview with the Director of Nursing on at 9:40 A.M. revealed that the be locked and if it is not, the refrigerator should at least be locked.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Baytree Lakeside
6411 46th Avenue North
Saint Petersburg, FL 33709

Dear Administrator:

This letter reports the findings of a Biennial survey with an Initial Extended Congregate Care Survey that was conducted 11th-12th, 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 Caufman
Field Office Manager

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

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