STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Pines Manor	**10591 Bay Pines Blvd. Saint Petersburg, FL 33708**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 429.52(1-2) Fs; 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014011856 and CCR# 2014011962, were conducted on [redacted].

Bay Pines Manor, assisted living facility, had unrelated deficiencies at the time of the visit.

0077-Staffing Standards - Administrators 429.176 FS; 58A-5.019(1) FAC

Based on observation and interview the facility administrator failed to provide adequate oversight and supervision of the facility by not insuring facility employees obtained the required Level II Background screening and verifying if employees received training in assistance with self - administration of medication, first aid and [redacted] training prior to allowing unqualified staff to work unsupervised, have access to residents property and assist with medication for 1 of 3 (Employee A) sampled employees.

Findings include:

On [redacted] between the hours of 10:30 AM and 3:00 PM Employee A was observed preparing meals, cleaning resident [redacted] and supervising residents residing in the Assisted Living Facility.

On [redacted] at 12:15 PM an interview was conducted with the Administrator. The Administrator stated Employee A is a live in employee that works alone at the facility from 10:00 AM Monday through 10:00 AM Thursday. The Administrator confirmed that Employee A did not have a Level II background screen conducted. The Administrator stated he did not do a background screen on Employee A " but knows she passed. " The Administrator stated Employee A told him that she had a Level II Background Screen and all her trainings but he did not verify anything Employee A told him because he has known Employee A since 1999 and Employee A has worked in an Assisted Living Facility before.

On [redacted] at 1:30 PM an interview was conducted with Employee A. Employee A stated she has worked at the assisted living facility since [redacted]. Employee A stated she supervises residents, cooks meals, cleans the facility and provides medication assistance to residents. Employee A stated she has not completed a background screen since working for Bay Pines Manor. Employee A stated she had the required medication training and first aid and [redacted] training but was unable to provide documentation to verify her trainings to the Administrator prior to working at the facility.

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

Based on interview and record review the assisted living facility failed to ensure 1 of 3 sampled staff (Administrator) obtained an annual freedom from statement from a health care provider.

Findings include:

On a review of Administrator's personnel file revealed the last documented negative examination result for the Administrator was on No current documentation of a negative examination was located in the Administrators file.

On at 1:30 PM an interview was conducted with the facility administrator. The administrator stated he was unable to provide verification of an updated annual screening.

Class III

0080-Training - Core & Competency Test 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on interview and record review the assisted living facility administrator failed to obtain 12 hours of continuing education in topics related to assisted living every 2 years.

Findings include:

On a review of the Administrators personnel file revealed certificates for 2 hours of assistance with self-administration of medication training dated and a food services manager training dated No evidence of any additional trainings completed within 2 years were located in the Administrator ' s file.

On at 1:30 PM an interview was conducted with the assisted living facility Administrator. The Administrator stated he only took food service training and the 2 hours medication training update training. The Administrator stated he has not taken any additional training.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based on observation and interview the assisted living facility failed to maintain a personnel record containing an employment application with references for 1 of 3 sampled staff (Employee A).

Findings include:

On between the hours of 10:30 AM and 3:00 PM Employee A was observed preparing meals, cleaning and assisting residents residing in the Assisted Living Facility.

On at 10:30 AM an interview was conducted with Employee A. Employee A stated she worked at the facility by providing the residents with meals, cleaning and helping the residents. On that same date at 1:30 PM Employee A stated she began working at the Assisted Living Facility on the 1st of

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On at 12:15 PM an interview was conducted with the Administrator. The Administrator states he did not have a personnel record for Employee A. The Administrator stated he did not have Employee A complete a job application because " I have known her since 1999. "

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, interview and record review the assisted living facility failed to ensure the required Level II background screening was completed for 1 of 3(employee A) sampled employees prior to allowing the employee to provide direct care services and have access to resident personal property and living areas.

Findings include:

On between the hours of 10:30 AM and 3:00 PM Employee A was observed preparing meals, cleaning resident and supervising residents residing in the Assisted Living Facility.

On at 1:30 PM an interview was conducted with Employee A. Employee A stated she has worked at the assisted living facility since Employee A stated she supervises residents, cooks meals and cleans the facility. Employee A stated she has not completed a background screen since working for Bay Pines Manor. Employee A stated she separated from her prior employer on 2014 where her background screen was completed annually. Employee A stated she did not have any employment between 2014 and

On at 12:15 PM an interview was conducted with the Administrator. The Administrator confirmed that Employee A did not have a Level II background screen conducted. The Administrator stated he did not do a background screen on Employee A " but knows she passed. " The Administrator stated Employee A told him that she had a background screen with her former employer and stated he " did not verify it. " The Administrator stated he has known Employee A since 1999 and Employee A has worked in an Assisted Living Facility before.

A review of the Agency for Health Care Administration Background Screening (BGS) Unit website revealed search results of " result for this individual was not found " for Employee A.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bay Pines Manor
10591 Bay Pines Blvd.
Saint Petersburg, FL 33708

RE: CCR# 2014011856 & CCR# 2014011962

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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