STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910609	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & H Care Homes, Inc.	235 12th Avenue, N. Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/18/2015
0053-Medication - Administration-03/18/2015
0078-Staffing Standards - Staff-03/18/2015
0082-Training -
0090-Training - 3/18/2015
0093-Food Service - Dietary Standards-
L243-Lmh - Training-0

Revisit Repeat Tags:

0081-Training - Staff In-Service-58a-5.0191(2) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced revisit survey was conducted on 3/18/15.

B & H Care Homes, Inc. had an uncorrected deficiency at the time of the visit.

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

Based on observation, interview and record review, the facility failed to ensure that staff had all the required training for four (Staff A, B, C and D) of five sampled staff records. Review of staff employee records revealed that there was no documented training for Staff A, B, C and D in control.

Findings Include:

During an interview with the Administrator on at 11:05 a.m., the Administrator reviewed employee files for Staff A, B, C and D and confirmed the findings.

A review of Staff A's files on revealed Staff A's files did not have documentation indicating that she received training in control.

During an interview with the Housing Supervisor on at 12:02 p.m., she reviewed employee files for Staff A and confirmed the findings.

During an interview with the Housing Supervisor on at 12:06 p.m., she reviewed the employee files for Staff B and confirmed findings.

A review of Staff B's files on revealed Staff B's files did not have documentation indicating she received

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910609	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & H Care Homes, Inc.	235 12th Avenue, N. Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

training in [redacted] control.

During an interview with the Housing Supervisor on [redacted] at 12:04 p.m., she reviewed the employee files for Staff C and confirmed findings.

A review of Staff C's files on [redacted] revealed Staff C's files did not have documentation indicating she received training in [redacted] control.

During an interview with the Housing Supervisor on [redacted] at 12:09 p.m., she reviewed the employee files for Staff D and confirmed findings.

A review of Staff D's files on [redacted] revealed Staff D's files did not have documentation indicating she received training in [redacted] control.

During an interview with the Housing Supervisor on [redacted] at 12:25 p.m. She confirmed the staff did not have [redacted] control training in the staff's personnel files at that time.

A observation was conducted for Staff A, B, C and D. The staff was observed having direct care contact with multiple residents throughout the survey process.

Uncorrected

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
B & H Care Homes, Inc.
235 12th Avenue, North
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports the findings of a follow-up to a Biennial survey, conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than thirty days from the date of this letter.

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. Should you have any questions please call this office at (727) 552-2000.

Sincerely,

Teresa Ryan RN

Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State Form 5000-3547

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