AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**05/15/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015004826, was conducted on .

Baytree Lakeside, assisted living facility, had a deficiency at the time of the visit.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review the assisted living facility failed to submit an adverse incident report within 1 day after the occurrence of an event that required a resident to receive medical attention without the consent of the resident and was reported to law enforcement for investigation for 1 of 3 (Resident #1) sampled residents.

Findings include:

On . 2015 at 8:33 AM an interview was conducted with Staff A. Staff A reported that Resident #1 set the thermostat on fire with his lighter on . Staff A stated the whole wall and the carpet were . Staff A reported 4-5 different fire departments and law enforcement agencies came out to the facility in response to the incident. Staff A reported Resident #1 was taken to the hospital due to the incident.
On . 2015 at 9:22 AM an interview was conducted with Resident #4. Resident #4 confirmed Staff A statement and stated she heard that Resident #1 took his lighter and held it to the thermostat and caught the wall on fire. Resident #4 stated the fire department, inspectors and the police came out to the facility because of the fire. Resident #4 states the wall was black and the ire ruined the thermostat and the carpet.
On . 2015 at 9:43 AM an interview was conducted with Resident #5. Resident #5 confirmed that Resident #1 started the fire at the facility. Resident #5 stated he smelled smoke went out into the hall to investigate. Resident #5 reported assisting with putting out the fire with water and stated the fire department reported to the facility.
On . 2015 at 10:38 AM an interview was conducted with the Director of Nursing (DON). The DON reported being notified by facility staff on . that Resident #1 set the place on fire. The DON reported when she arrived at the facility Law Enforcement and the Fire Department were already at the facility securing the facility.
On . 2015 at 3:37 PM an exit interview was conducted with the facility Administrator and Director of Nursing (DON). The DON stated the facility did not file an adverse incident regarding Resident #1 setting the fire because " I had no idea that we had to. " The administrator stated she thought she filed the adverse incident but was unable to provide verification of submitting the adverse incident report.
A review of the Pinellas County Sheriff Office (PCSO) report dated . revealed that PCSO responded to the facility at 8:44 PM in response to Resident #1 starting a fire at the facility. PCSO investigated the incident by interviewing facility staff and residents. PCSO conducted a . on Resident #1 for an involuntary evaluation as a results of the incident.
A review of the Agency for Health Care Administration adverse incident reporting portal on . at 1:39 PM revealed no adverse incident regarding Resident #1 was filed by the facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

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

RE: CCR# 2015004826

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that were identified on the day of the visit. 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,

Patricia Reid Caufman
FOI Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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