STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910573	**06/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BAYSHORE MANOR	**5200 COLLEGE ROAD KEY WEST, FL 33040**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On a Biennial Survey was completed at Bayshore Manor an Assisted Living Facility (ALF) in Key West, Florida.

The following deficiencies were identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview, the facility failed to honor residents' rights to receive a 30 day written notice prior to a rate increase for 2 (Residents #1 and #2) resident records reviewed.

The findings included:

1. Record review for Resident #1 revealed an "Amendment to Agreement" dated . It stated "This Amendment to agreement is made and entered into on the 1st day of 2015." It noted resident will pay $666.00 month for residency at Bayshore Manor. The Cash Sheet for Resident #1 showed the residency cost for 2014 was $654.00. The Cash Sheet for Resident #1 showed the resident payed $666.00 for 2015.

On at 12:44 p.m., the Administrator said that the residents know that their month fee would go up with the increase in their social security payment. As soon as we find out what their increase will be we complete the notice of increase. The effective date of the increase for Resident #1 was , 2015

2. Record review for Resident #2 revealed an "Amendment to Agreement" dated . It stated "This Amendment to agreement is made and entered into on the 21st day of 2015." It noted resident will pay $2835.93 month for residency at Bayshore Manor. The Cash Sheet for Resident #2 showed the residency cost for 2015 was $2796.80. The Cash Sheet for Resident #2 showed the resident payed $2835.93 for 2015.

On at 12:44 p.m., the Administrator said that the residents know that their month fee would go up with the increase in their social security payment. As soon as we find out what their increase will be we complete the notice of increase. The effective date of the increase for Resident #2 was , 2015.

3. On at 2:44 p.m., the Administrator said that Residents #1 and #2 were not given a 30 day written notice prior to an increase in their monthly fee.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0093 Continued From page 1

Based on record review and interview, the facility failed to document their menu is reviewed on an annual basis by a registered dietitian.

The findings included:

Record review found the facility current menu was signed by a dietitian. The dietitian did not include a date for the review. The dietitian provided a letter dated . . . . . (36 days AFTER the date of this survey) that says she has reviewed the menus for the facility for the year of 2015.

On . . . at 1:30 p.m., the Assistant Manager said that the dietitian who signed the menus is no longer in the country and could not verify the date of review.

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bayshore Manor
5200 College Road
Key West, FL 33040

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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Fort Myers, FL 33901
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AHCA.MyFlorida.com