AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	**06/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BAYSIDE TERRACE	**9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) was conducted through in conjunction with revisit to CCR# 2015001574, and CCR# 201500399.

The Bayside Terrace, assisted living facility, had deficiencie at the time of the visit.

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

Based on interview and record review, the facility failed to ensure 3 (#A, #C, #D) of 4 direct care staff sampled for communicable statement had submitted an initial statement from a health care provider that the staff is free from communicable within 30 days of employment.
Findings Include:
Record review of staff #A's personnel file revealed she was hired on There was no documentation in staff #A's personnel file which stated she was free from communicable
Record review of staff #C's personnel file revealed she was hired on There was no documentation in staff #C's personnel file which stated she was free from communicable
Record review of staff #D's personnel file revealed she was hired on There was no documentation in staff #D's personnel file which stated she was free from communicable
When interviewed on at 1:00 p.m., the administrator confirmed the findings.
Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment for three #307, # 3071, #372 which were randomly sampled for physical environment.

Findings Include:

During observations of the facility on between 9:00 a.m. and 1:00 p.m., there were physical plant issues concerning resident' # 307, #371, and #372.
had what appeared to be a missing ceiling tile in the there were two ceiling tiles with water damage on the ceiling at the entrance to the the left hand side of the entry way.
had very dirty and stained carpet in the There was also broken drywall on the corners of the entry way into the
had observed entry into resident's the drywall on the right hand side of the entry wall was basically destroyed and the carpet is extremely dirty & stained. The ceiling tiles at the entry inside the also stained.
When interviewed on at 11:45 a.m., the administrator stated she was aware of these physical plant

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issues and she had notified the maintenance director of the problems.
Class III

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

Based on record review and interview, the facility hired staff (#C) on , even though she had a level II background screening done on which stated she was no eligible to work in a health care facility.

Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment, directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings Include:

Record review on of staff #C's personnel file revealed she was hired on and had a level II background screening dated in her file which stated she was not eligible for hire. There had not been an exemption filed by staff #C. Staff #C is employed as a Direct Care staff member, providing care and services to residents in the Memory Care Unit.

When interviewed on at 11:00 a.m., the administrator verified the screening results which stated "not eligible". The administrator stated she had not seen the personnel file for this staff and she was not aware that staff #C could not work at the facility. She immediately took staff #C off the schedule.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Bayside Terrace
9381 U.S. Hwy 19 North
Pinellas Park, FL 33782

RE: Revisit, **CCR# 2015003992**, & Biennial with LNS

Dear Administrator:

This letter reports the findings of a state licensure revisit survey, a complaint survey, and a biennial state licensure survey with limited nursing services (LNS) that were conducted on 25-26, 2015, by representative(s) of this office.

Attached are the provider's copies of the Revisit Report, which indicates the previously cited deficiency was corrected relative to the revisit, and the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies that were identified relative to the biennial with LNS. 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(s). Should you have any questions please call **Paul Brown** at 727-552-2000.

Sincerely,

for Patricia Reid ufman
Field Office Manager

PRC/kpr
Enclosures: Revisit Report & State (5000-3547) Forms

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