STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	**06/17/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BELLEAIR COUNTRY HOUSE	**2298 BELLEAIR ROAD CLEARWATER, FL 33764**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey was conducted on

CCR#2015003496

The Belleair Country House had deficiencies at the time of the visit.

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

Based on observations, interviews and a review of personnel records, the facility failed to ensure that 3 of 3 staff, records reviewed, who provide personal care and who were employed for more than 30 days had obtained required training.

Staff A was hired on and had not obtained training related to:

Resident rights in an assisted living facility and;
Recognizing and reporting resident neglect, and

Staff B was hired on and had not obtained training related to:

Resident rights in an assisted living facility and;
Recognizing and reporting resident , neglect, and

Staff C was hired on and had not obtained training related to:

Resident rights in an assisted living facility and;
Recognizing and reporting resident neglect, and

An interview was conducted with the Administrator on at 2:50 P.M. and he stated that he thought the employees had received the required training at some point but that he could not provide evidence of such. He stated that the personnel files were left in a mess from the previous Administrator and that he had not gotten a chance to organize and obtain proof of training in the above areas.

CLASS III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review and and interview, the facility failed to ensure that 2 of 3 staff who provide

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0084 Continued From page 1

assistance with self-administration of medications had completed the required 4 hours of initial medication training and/or the required 2 hour annual update training.

Staff B was hired on [redacted] and assists with the assistance of self administration of medications. There was no evidence in her personnel file of having obtained any training in an initial 4 hour course in providing assistance with self-administered medications and safe medication practices in an assisted living facility

Staff C was hired on [redacted] and there was no evidence in her personnel file of having obtained the 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility.

An interview was conducted with the Administrator on [redacted] at 3:00 P.M. and he stated that the pharmacy had conducted a 2 hour training for all staff on [redacted] but that he could not provide evidence that Staff C had attended the training. He could not explain why there was no evidence of any training for Staff B.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Belleair Country House
2298 Belleair Road
Clearwater, FL 33764

RE: CCR #2015003496

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 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 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/src
Enclosure: State (5000-3547) Form

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