STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	03/13/2015
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on

Bristol Court Assisted Living Facility had deficiencies at the time of visit.

0077 Staffing Standards - Administrators

Based upon observation, interview and record review the Administrator failed to demonstrate a responsible operation and management of the facility to ensure all residents received the appropriate care required.

Findings include:

On at approximately 2:00 PM an interview was conducted with the laundry staff and the maintenance man. The staff stated that the aides remove the residents' linens. The residents' linens are all placed in a bin which gets picked up at the end of the day and brought out to the laundry building. Once the linens, which include contaminated linens, are in the laundry, they are washed with other linens, dried, folded and placed on a shelf and can be used in any of the residents The residents' clothes are also washed together. During a tour of the laundry building with the maintenance man an observation of residents' linens being washed together and the process the housekeeper has, regarding where she stores the clean linens to be used as needed. The maintenance man and housekeeper explained each step and that the facility does not linens, or clothing from a resident who has a condition that can be transmitted. They are confident that the process they have in place eliminates concerns.
The facility has been having on going problems with bed bugs, head and
The facility has a policy which states they are to follow control and universal precautions. The staff are required to wear latex gloves when handling contaminated linens, clothing and trash.
The facility's policy states contaminated items are to be handled properly. Clothing soiled with bodily fluids are laundered separately.
The facility is not following it's own policies and procedures.
Class III

0093 Food Service - Dietary Standards

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on observation, interview and record review, the facility failed to serve therapeutic diets as ordered by the health care provider for four of four Residents sampled.

Findings include:

During a review of the menu for the noon meal on at approximately 11:00 AM, it was revealed the facility has 27 residents. A list of residents names are posted on the wall in the kitchen. During an interview with the Dietary Manager on 3 at approximately 11:15 AM it was stated that the facility serves all the residents the same regular diet that everyone else receives. The Manager stated that the facility does not provide a diet. He stated they have the list of residents and offer a no added sugar, or a concentrated sweet dessert.

An observation of the noon meal served at approximately 12:15 PM confirmed that everyone eating lunch in the second floor dining the same meal of stuffed pepper, mashed potatoes, carrots, roll, iced tea, water and pudding. The alternative was a cut sandwich with chips.

A review of health assessments for Resident #10, #11, #12 and #13 revealed there were diet orders for therapeutic diets.

Resident #10's health assessment signed on listed the resident as Type II with a diet order - consistent

Resident #11's health assessment signed on is diagnosed as a and the page that lists the orders for the resident's diet has been removed.

Resident #12's health assessment signed on listed the resident as Type II with a diet order for Puree diet.

Resident #13's health assessment signed on listed the resident as II with a diet order and honey thick liquids.

During the noon meal on the second floor, the facility did not have the menu posted for the residents to review. An aide was observed on at approximately 10:30 AM walking around from speaking to the residents and telling them what was going to be served and writing down what they selected to eat for lunch.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bristol Court Assisted Living
3479 54th Ave. North
Saint Petersburg, FL 33714

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey with Limited Nursing Services (LNS) and a state licensure survey revisit that were conducted on , 2015, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the new and uncorrected 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. 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,

FW Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosures: State (5000-3547) Forms

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