STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	07/27/2015
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

Two unannounced Complaint (CCR# 2015005175 & 2015007474) Surveys, were conducted on

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

0008 Admissions - Health Assessment

Based on Record Review and Interview, the facility failed to ensure that 1 (out of 2) Residents have fully completed Health Assessments by a licensed health care provider.

Findings Include:

On at approximately 1:00pm, a Record Review for Resident #2, admitted to the facility on , revealed the resident did have completed Health Assessment Form (1823), by a health care provider and is dated (Form #1).

There are 5 Health Assessment Forms (1823) in Resident #2's chart, but 4 (out of 5) are not completely filled out by the health care provider:

Form #2- on Page 4 of the Health Assessment the health care provider did not:
Print the Name of the Examiner, no Address, no Telephone Number and no Date of Examination, and the medication sheet is not attached.

Form #3 - on Page 4 of the Health Assessment the health care provider did not:
Print the Name of the Examiner, no Medical License #, no Address, no Telephone Number and no Date of Examination.

Form #4 - on Page 4 of the Health Assessment the health care provider did not:
Fill out the Address, no Telephone Number, and no Date of Examination.

Form #5 - on Page 4 of the Health Assessment the health care provider did not:
Print the Name of the Examiner, no Address, no Telephone Number and no Date of Examination.

AGENCY FOR HEALTH CARE ADMINISTRATION

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On at approximately 5:45pm, an Interview with the Administrator revealed that the Director of Nursing (DON) is responsible for ensuring that all Resident Health Assessment Forms (1823) are completed before they are placed in the residents chart. The Administrator and the Administrator's Assistant, moving forward, will be responsible for ensuring that all Resident Health Assessments are completely filled out by the health care provider.
The Administrator's Assistant stated that they will go over Resident #2's Health Assessment Forms, and contact the health care providers and fax the form over so they can be completed correctly.

CLASS

0078 Staffing Standards - Staff

Based on Personnel Record Reviews and Interview, the facility failed to ensure that 2 (out of 3) employees had the required and correct documentation stating the individual does not have any signs or symptoms of communicable and evidence of a negative examination within 30 days of hire.

Findings Include:

On at approximately 11:45am, a Review of the Personnel Records for Staff B, hired on , and Staff C, hired on , revealed:

1. Staff B & Staff C, do not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of a communicable , within 6 months prior to hire, or within 30 days of hire.

2. Staff B & Staff C, do have evidence of a negative ( ) examination but the results were read by the Director of Nursing (DON) who is a Licensed Practical Nurse (LPN), on and respectively.
Evidence of a negative examination must be provided by a licensed health care provider.

On / at approximately 5:35pm the Administrator and Administrator's Assistant confirmed that there were no communicable statements for Staff B & Staff C in their personnel file, and the Administrator's Assistant was not aware a LPN could not read a test.
The Administrator stated that Staff B & Staff C would obtain a communicable statement and a

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SUMMARY STATEMENT OF DEFICIENCIES
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examination/test by a licensed health care provider.

CLASS

0081 Training - Staff In-Service

Based on Personnel Record Reviews and Interview, the facility failed to ensure that 3 (out of 3) employees had the required In-Service training within 30 days of hire.

Findings Include:

On at approximately 11:00am, a Review of the Personnel Record for Staff A, hired on revealed on the Certificate of Completion; Residents Rights & - 1 Hour and dated

On at approximately 11:15am, a Review of the Personnel Record for Staff B, hired on revealed on the Certificate of Completion; Residents Rights & - 1 Hour and dated

On at approximately 11:30am, a Review of the Personnel Record for Staff C, hired on , revealed on the Certificate of Completion; Residents Rights & & - 1 Hour and dated

The required In-Service Training for Resident Rights and Recognizing/Reporting , Neglect & is 1 hour each.

On at approximately 5:30pm an Interview with the Administrator and Administrator's Assistant, confirmed that the 1 Hour In-Service for Resident Rights and Recognizing/Reporting , Neglect & training was done together, but it was a 2 hour course, but the Certificates of Completion only listed a total of 1 hour.
The Administrator stated the 1 hour In-Service training for Recognizing/Reporting , Neglect & for Staff A, B & C will be given if training paperwork cannot be found, and the Certificate of Completion will be updated to reflect the In-Service training for: 1 Hour-Resident Rights and 1 Hour-Recognizing/Reporting , Neglect & .

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CLASS

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015005175 & 2015007474

Dear Administrator:

This letter reports the findings of a two complaint surveys that were 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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/clt
Enclosure: State (5000-3547) Form

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