AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953622	08/12/2015
NAME OF PROVIDER OR SUPPLIER **FREEDOM INN AT BAY PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **9797 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A Biennial Survey with Limited Nursing Services (LNS) was conducted on / and / .

Brookdale Bay Pines, Assisted Living Facility, had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that a required written statement from a health care provider documenting that newly hired staff do not have signs or symptoms of communicable was on file for 1(Staff D) of 4 employee records reviewed.

Findings include:

An employee record review was conducted on / and / . On it was discovered that Staff D's employee file did not contain a written statement from a health care provider documenting that he had no signs or symptoms of a communicable (Written Statement).

A review of Staff D's employee file on showed a hire date of . The Written Statement is required within 30 days after beginning employment.

Staff E was interviewed at 11:40 A.M. on / . Staff E reviewed Staff D's employee file and stated that Staff D had a medical examination in 2011 but there is no written statement on file. Staff E stated that they will have to send Staff D out for an examination.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to maintain a sufficient 3 day supply of non-perishable food to be used in the event of an emergency.

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

Findings include:

A review of the facility ' s dining and food service program was conducted on . The facility ' s census was 53.

Observation showed a sufficient 477 gallons of potentially available water (in collapsible), canned fruit salad, mandarin oranges and snack packages of chocolate pudding. Observation showed a sufficient 192 servings of cereal for breakfast. Lunch and dinner meals showed 72 servings of canned chili con carne with beans, 78 servings of canned beef stew, and 50 servings of canned tuna equal to 200 servings. This was 38 meals short of the requirement for a 3 day emergency food supply to be used in the event of an emergency or local disaster.

A review of the facility ' s " Three Day Emergency Menu " dated ,that was posted in the storage closet, showed an absence in the storage closet of numerous food items including BBQ Beef, Mixed Vegetables, Chicken Salad, Beef Stew, and Chicken and Dumplings.

An interview took place on at approximately 2:00 P.M. with Staff G. Staff G acknowledged that the emergency food supply was inadequate and stated that the facility would be placing an order to supplement the supply.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Freedom Inn At Bay Pines
dba: Brookdale Bay Pines
9797 Bay Pines Blvd
Saint Petersburg, FL 33708

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) 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 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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