AGENCY FOR HEALTH CARE ADMINISTRATION

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

On , 2015, a change of ownership (CHOW) state survey with limited nursing services (LNS) in conjunction with a complaint investigation, (CCR# 2015012243) was conducted at Bristol Court Assisted Living. Deficient practice was identified during the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure medication assistance with self-administered medications was performed according to the statue and within staff training guidelines by not telling the resident the purpose of the medication for two (Resident # 4 and 5) out of three residents observed during a medication assistance observation.

Findings included:

1) While at the nurse ' s station, as resident #4 is waiting at the desk, Staff E is behind the nurse ' s station, at the med cart. Staff E sanitizes hands, opens cart, pulls out med cards, goes through to see what she needs, and puts the rest back in the drawer. She pops the 13 pills into a med cup, and hands the cup to the resident along with his inhaler. When questioned by surveyor as to informing the resident about the medication, she stated "I don ' t know what half of them are for".

2) Resident #5 was given her medication pills (to include an anticonvulsant for her , drug and an " pill) in her hand by Staff E. The resident was observed letting the pills from her hand when Staff E poured the three pills from the cup into her hand. Staff E stated I ' m going to mark them as refused. She did not re attempt to assist in administration.

3) During an interview, Staff E stated she started in as a brand new Medication Technician, but been a Certified Nurse Aide for a long time before that and that she works days and evenings and had trained with a couple different people. She feels that they trained her according to DOEA guidelines.
4) The DON and Administrator was alerted to the results of the medication observation.

5) A record Review of Staff E showed that she had taken the Med Tech course and was up to date on her training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	12/22/2015
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)

0054 Medication - Records

Based on observation, interview and record review the facility failed to ensure the accuracy of a medication observation record (MOR) for one (resident # 5) out of three MORs reviewed.

Findings included:

1) On , during the morning observation of the medication observation task, resident #5 was given her medication pills (to include an anticonvulsant for her siezure , drug and an " pill) in her hand by Staff E. The resident was observed letting the pills from her hand when Staff E poured the three pills from the cup into her hand. Staff E stated, I ' m going to mark them as refused. She did not re attempt to assist in administration.
2) During an interview and record review with the DON in her office, she pulled up the residents electronic medication observation record on the computer screen. The DON states the resident didn ' t refuse meds today, we checked the electronic record again and it was indicated that the resident took her medications. Staff E had electronically signed that the resident had taken her medication.
3) In an interview with Staff E the surveyor inqurired about Resident # 5, Satff E stated, no, I didn ' t get her to take her pills this morning; I had to put on there that she dropped it..
4) A 2pm interview with Staff E, when asked to pull up the e MOR, it shows that the resident had taken her meds, Staff E stated that she did indeed electronically sign that the resident had taken her meds. Staff E stated I should ' ve put that she refused it.
4) The DON and Administrator was alerted to the results of the medication observation.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure that a sufficient 3-day supply of non-perishable food was available to be utilized in the event of an emergency.

Findings included:

A dining and food service review was conducted on / .
A review of the facility ' s 3-day emergency food supply showed canned and packaged foods including cereal, 3 large cans of baked bean, 20 lbs. of macaroni, 6 lbs. of peanut butter, 10 jars of jelly. 6 large cans of tuna, and canned fruits. The food observed was insufficient to feed the current census of 81 residents for 3 days for 3 meals a day.
The Dietary Manager was interviewed on / at 12:51 PM concerning the 3- day emergency food

AGENCY FOR HEALTH CARE ADMINISTRATION

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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)

supply and he stated that this is all he has and he will be ordering more food today.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR# 2015012243 & CHOW with LNS

Dear Administrator:

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on
. 2015, by representative(s) of this office.

Attached are the provider's copies of 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 CHOW 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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/kpr

Enclosures: State Forms 5000-3547