STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	01/04/2016
NAME OF PROVIDER OR SUPPLIER **BAY PINES MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 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 Licensure

On , 2016, a biennial relicensure survey was conducted at Bay Pines Manor, Assisted Living Facility. Deficient practice was identified at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to maintain required documentation of an annual, negative examination for 2 (Administrator and Staff B) of 3 records reviewed.

Findings included:

An employee record review was conducted on . The employee record showed Staff B ' s last documented proof of an annual, negative examination (exam) occurred on .
The Administrator confirmed findings and that staff B provides direct care to residents at the facility.
An employee record review was conducted on . The employee record showed the Administrator's last documented proof of an annual, negative examination (exam) occurred on .
On 2:34 P.M. During a interview with the Administrator, the Administrator confirmed he provides direct care to residents at the facility. The Administrator stated, "No I don't have a updated examination yet, this is something I have to put on my schedule to complete." No further documentation was provided.

Class III

0081 Training - Staff In-Service

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff A) of three sampled staff records. Review of staff employee records revealed that there was no documentation of a 1 hour in-service training in Reporting incidents within 30 days of employment.

Findings included:

A review of staff A files on revealed they were hired on . Staff A's file did not have

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documentation indicating she received in-service training for reporting incidents.
During an interview with the Administrator on / at 2:45 P.M. The Administrator reviewed employee A's file with surveyor and confirmed findings.

0082 Trainina - /

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff B) of three sampled staff records. Review of staff employee records revealed that there was no documentation of a in-service training in within 30 days of employment.

Findings included:

A review of staff B files on / revealed she was hired on . Staff B ' s file did not have documentation indicating she received i n-service training for .
During an interview with the Administrator on / at 2:45 P.M. The Administrator reviewed employee B's file with surveyor and confirmed findings.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview and record review, the facility failed to ensure that there was proof of the required, 2 hour update training for unlicensed persons who provide assistance with self-administration of medications for 2 (Staff A, B) of 3 records reviewed.

Findings included:

An employee record review was conducted on / . It was discovered that Staff A's file did not contain proof of the required 2 hour update training for unlicensed persons who provide assistance with self-administration of medications. The record showed a training certificate for a 4 hour training update dated .
An employee record review was conducted on / / . It was discovered that Staff B's file did not contain proof of the annual required 2 hour update training for unlicensed persons who provide assistance with self-administration of medications. The record showed the most recent training certificate for 2 hour training update was dated .
On / 2:05 P.M. Surveyor reviewed employee's A and B's files with the Administrator and confirmed findings. The Administrator confirmed that both staff A and B currently provide assist with self-administration of medication to residents at the facility. No further documentation was provided.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bay Pines Manor
10591 Bay Pines Blvd.
Saint Petersburg, FL 33708

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016, 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 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
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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 Hyman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90