STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966990	03/04/2016
NAME OF PROVIDER OR SUPPLIER **BRAYBROOK AT BAYONET POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **7532 STATE ROAD 52** **BAYONET POINT, FL 34667**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , 2016 a biennial relicensure survey was conducted at Braybrook at Bayonet Point. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to obtain properly completed medical examination reports (AHCA Form 1823), within 30 days of admission to the facility, to determine the appropriateness of resident admissions and continued stay in the facility for 3 (Residents #4,#8,and #10) of 3 resident records reviewed.

Findings included:

A review of resident records conducted on revealed that Resident #4 was admitted to the facility on / with an AHCA Form 1823 dated . The 1823 Form indicated that Resident #4 needs medication administration. The facility does not have licensed staff employed to administer medications to residents.

A review of Resident #8 ' s record showed a date of admission of / with the most current AHCA Form 1823 dated . The AHCA Form 1823 showed the name of another facility and the signature of the administrator/designee not associated with Resident #8 ' s current facility.

A review of Resident #10 ' s record showed a date of admission of / with the AHCA Form 1823 dated / . The AHCA Form 1823 showed the name of another facility with a notation under nursing/treatment/ service requirements: Medication Administration. A review of Section 2 B of the AHCA Form 1823 did not indicate whether the resident needs assistance or administration of medications. Additionally, Section 3 of the AHCA Form 1823 did not include a description of services offered or arranged by the facility for the resident or the name and signature of the administrator/designee.

An interview was conducted with Staff A at 3:24 PM on concerning the issues with the AHCA Form 1823 for Resident #4, #8, and #10. Staff A reviewed the AHCA 1823 Forms and acknowledged the issues concerning medication administration and not obtaining appropriate forms within 30 days of admission.

AGENCY FOR HEALTH CARE ADMINISTRATION

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Class III

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to show proof of providing a required copy of the resident bill of rights for 3 (Resident #4, #8, and #10) of 3 residential contracts reviewed.

Findings included:

A review of residential records was conducted on .

A review of residential contracts (Contracts) showed no proof that the resident bill of rights was provided to Residents #4, #8, and #10 upon admission to the facility. Additionally, there was no proof included in the 3 residents ' files that the resident bill of rights was provided to them or discussed.

An interview was conducted with Staff A at 3:36 PM on concerning the missing proof of the resident bill of rights included in the Contracts for Resident #4, #8, and #10. Staff A reviewed the Contracts and acknowledged that the resident bill of rights were not included.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to provide proof of an annual, health care provider ' s statement indicating a negative examination (Exam) for 1 (administrator) of 3 employee records reviewed.

Findings included:

An employee record review was conducted on and it was discovered that the administrator ' s file did not contain a Exam.

Staff A was interviewed at 12:53 PM on and the lack of a Exam was brought to her attention. Staff A reviewed the administrator ' s file and stated that a current Exam was not there, only a Exam (based on an x-ray) which was dated / .

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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0086 Training - ADRD

Based on interview and record review, the facility failed to provide proof of required ' s and Related training (ADRD Training) for 3 (Administrator, Staff A, and Staff B) of 3 employee records reviewed.

Findings included:

An employee record review was conducted on at this completely secured facility that advertises special care for memory care residents.

A review of the Administrator ' s record showed a date of hire of and CORE training date of Staff A ' s record showed a date of hire of , and Staff B ' s record showed a date of hire of . The 3 records showed no proof of ADRD Training Level I or Level II. Records indicated that Staff A and Staff B provide direct care to residents.

Staff A was interviewed at 1:47 PM on and asked to review the records for ADRD Training Level I and Level II. Staff A reviewed the records for the Administrator, Staff B and herself and stated that it was not there.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to maintain a file of menu substitutions for the past 6 months. Additionally, the facility failed to maintain a sufficient supply of water to be utilized in the event of an emergency.

Findings included:

A dining and food service review was conducted on and Staff A was asked to show the facility ' s 6 month menu substitution log.

At 10:30 AM on , Staff A stated that she could not find the substitution log. She stated that the kitchen had been completely cleaned and the substitution log was misplaced.

A review of the facility ' s emergency water supply revealed 4 jugs to be utilized. At 1:30 PM on , Staff A stated that the 4 jugs observed would hold a total of 20 gallons of water. Staff A acknowledged

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that this was not sufficient for a 3 day supply of water for a current census of 20 residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Braybrook At Bayonet Point
7532 State Road 52
Bayonet Point, FL 34667

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.

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,

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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