STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	03/28/2016
NAME OF PROVIDER OR SUPPLIER **BAYTREE LAKESIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6411 46TH AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A Complaint survey (CCR#2016001039) was conducted on . The Baytree Lakeside Assisted Living Facility had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based on interviews, observations and record reviews, the facility failed to maintain documentation of significant changes in condition for 1 of 3 residents whose record were reviewed for changes in conditions. (Resident #2).

Findings included;

Resident #2 was admitted to the facility on . A facility progress note dated / states "resident was transferred to the hospital for "bedsore (unstageable)". There is no previous documentation in the progress notes or assessments to indicate that the resident had any skin problems. Shift reports did reveal concerns from direct care staff as follows;
/ "Resident has 2 spots on his on the inside center and 1 on the other side. needs to be relooked"
/ "Resident has 2 open sores on his butt"
There is no follow up to these concerns until the / note stating resident was sent to the hospital.

Resident #2 was discharged from the hospital to a Skilled Nursing Facility (SNF) until when he was readmitted to Baytree Lakeside. He entered with Hospice and a pressure . The / Health Assessment Form 1823 shows that the resident had a sacral as of .

An interview was conducted with the Hospice nurse at 1:30 P.M. She stated that the resident's pressure is now a .

An interview was conducted with the Administrator who stated that she had assumed that her Director of Nursing (DON) was handling the care needs of the residents and was not aware that there was no documented evidence of such. She confirmed that there was no documentation in Resident #2's record to indicate that the facility was monitoring and documenting his change in condition.

An interview with Staff G at 5:45 P.M. revealed that the previous DON was aware of residents who had

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wounds that needed attention because the staff documented their concerns in the shift reports and gave her a list of residents with wounds. She "brushed them aside".

CLASS III

0093 Food Service - Dietary Standards

Based on interviews, observations and record reviews, the facility failed to post the planned menus for residents to see and to serve the planned meals that were approved by a licensed dietician.

Findings included;

Between 9:00 A.M. and 7:00 P.M. on / , there were no menus observed to be posted anywhere in the facility. Random interviews with approximately 6 residents confirmed this. Residents stated that sometimes the menu is written on a board outside of the dining the courtyard. The board was observed on the day of the survey to be blank. Residents stated that they seldom know what they are going to eat on any given day.

Interviews with dietary staff also confirmed that the planned menus were not posted in the facility for residents to see. An observation was made at 5:00 P.M. of the evening meal. It consisted of a ham and cheese sandwiches, three bean salad, vegetable soup and chocolate pudding.

An interview with the chef was conducted at 5:15 P.M. and he stated that he was told by the dietary manager before she left for the day, to prepare this meal. The sandwiches were being served with no condiments. The residents stated that they don't usually receive mayonnaise or mustard on their sandwiches. When the cook was asked if the sandwiches normally had mayonnaise or mustard on them, he stated no, but that he could provide this. Bowls of mayonnaise were then placed on the tables for residents to use.

A review of the 4 week menus that have been approved by a licensed dietician revealed no such meal. The cook was asked if he was substituting these items for something different and he stated that he did not know. He also did not know where an approved menu in use could be located.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Baytree Lakeside
6411 46th Avenue North
Saint Petersburg, FL 33709

RE: CCR# 2016001039

Dear Administrator:

This letter reports the findings of a complaint 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
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
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 **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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