| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968916 | 04/28/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BAYSHORE MEMORY CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1260 CREEKSIDE BLVD E**<br>**NAPLES, FL 34109** | |

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

**0000 Initial Comments**

An unannounced Extended Congregate Care monitoring survey was conducted at Bayshore Memory Care, an Assisted Living Facility in Naples, Florida.

This survey was completed in conjunction with complaint investigations CCR #2016002102, CCR #2016002130, CCR #2016002583 and CCR #2016003986.

The following is a description of the deficiencies found at the time of the visit.

**E206 ECC - Service Plans**

Based on record review and staff interview, the facility failed to provide an Extended Congregate Care (ECC) written service plan for 2 (Residents #2 and #3) of 3 resident records reviewed.

The findings include:

On , a review of the 3 ECC resident files revealed there were no service plans for Resident #2 or Resident #3.

In an interview with the Business Director and Executive Director on , both indicated they were new to the facility and did not know there were no service plans for these residents.
Class III

**E207 ECC - Services**

Based on record review and staff interview, the facility failed to ensure the Extended Congregate Care (ECC) residents' monthly nursing assessments were signed by a Registered Nurse (RN) for 3 (Residents #1, #2 and #3) of 3 resident files reviewed.

The findings include:

On , a review of the 3 ECC residents' files revealed the monthly nursing assessments were signed by a Licensed Practical Nurse.

In an interview on with the Executive Director and the Director of Health Services, they stated they were unaware that the ECC Supervisor was not signing the monthly nursing assessments.

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

Class III

**Z814 Backaround Screenina Clearinahouse**

Based on record review and staff interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse.

The findings included:

1. Review of the ACHA Background Screening Website for this provider shows an empty employee roster.

2. On / at 8:45 p.m., the Business Director and Executive Director verified they were unable to pull up an employee roster through their AHCA Website. They verified neither had ever added any information to this. The Executive Director said she thought when they requested a screening, it automatically populated the roster.

Unclassified

**Z815 Backaround Screenina: Prohibited Offenses**

Based on record review and interview, the facility failed to obtain a background screening prior to hiring, selecting or otherwise allowing an employee to have contact with any person for 1 (Staff H) of 5 staff reviewed.

The findings included:

1. Review of the employee records for Staff H shows a hire date of / / . The Background screening roster showed a hire date of / . Staff H was hired as a Quality Life (direct care giver). AHCA Background Screening Website showed an expired Background Screening.

2. On at 1:10 p.m., the Director of Business office and Executive Director, both said they sent Staff H for background screening. They did not understand why that wasn't reflected on the website. A short while later, the background screening website for Staff H was up-dated to show an eligibility date of / .

Unclassified

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**Z816 Background Screening-Compliance Attestation**

Based on record review and staff interview, the facility failed to ensure that persons subject to screening had not had a break in service from a position that requires a level 2 screening for more than 90 days for 1 (Staff G) of 5 staff reviewed.

The findings included:

1. Review of the employee record for Staff G showed a hire date of / and Staff G's job application. Staff G was hired as a Certified Nursing Assistant. Sections on the application for prior work history and references were left completely blank.

Review of the Background Screening Website showed an eligibility date of and a termination date from a former employer of / .

2. On / at 8:45 p.m., the business director and executive director, both indicated they were new to the facility and did not know why the job application was accepted with those sections blank, nor did they know if Staff G had continuous qualifying employment.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bayshore Memory Care
1260 Creekside Blvd E
Naples, FL 34109

Dear Administrator:

This letter reports the findings of a state monitoring 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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com