**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969062 | 08/17/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BAYVUE ASSISTED LIVING FACILITY LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2506 LITHIA PINECREST RD**<br>**VALRICO, FL 33596** | |

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

**0000 Initial Comments**

Assisted Living Facility

On , an initial state licensure survey was conducted at Bayvue Assisted Living LLC. Bayvue Assisted Living had deficiencies at the time of the survey.

**0076** ( )

Based on record review and interview, the facility did not have any written policies and procedures explaining its implementation of state laws and rules relative to ( ), nor had it obtained Form SHCS-4-2006 for use among its admission materials.

Findings included:

A review of administrative documentation during the initial survey, focusing on what the administrator stated she planned to use during the admission process, found no documentation pertaining to or advanced directives. Interview with the administrator at 1pm on verified that she had not developed any facility policy regarding , nor had she gathered any materials pertaining to advanced directives such as Form SCHS--4--2006, "Health Care Advance Directives--The Patient's Right to Decide," or any other significantly similar document.

Class III

**0083 Training - First Aid and**

Based on record review and interview, one of one staff person sampled (A) had not received training in First Aid prior to working alone with residents.

Findings included:

A review of the administrator's (Staff A) personnel file during the survey found that although she

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SUMMARY STATEMENT OF DEFICIENCIES
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was current with , there was no certification available for review regarding First Aid training. Interview with the administrator at 11am on revealed that "she thought her training had also covered First Aid."

Class III

**0084 Trainina - Assis Self-Admin Meds & Med Mamt**

Based on record review and interview, one of one staff sampled (A) had not received the required initial 4 hour training in providing assistance with medication self-administration prior to working with residents.

Findings included:

A review of Staff A's record (administrator) during the initial survey found no documentation indicating completion of a 4 hour medication training. Interview with the administrator at 11:30am on verified that she was going to be the only staff person working when the first few residents were admitted to the facility, and that she would be responsible for assisting them with their medications. She stated further that she had not yet taken the initial 4 hour medication training.

Class III

**0152 Phvsical Plant - Safe Livina Environ/Other**

Based on observation and interview, the facility had not been maintained completely free of hazards with respect to one of four resident inspected.

Findings included:

During the facility tour conducted between 10:20am and 11:10am on , the following was noted: the sliding closet located in one of the to be licensed as a semi-private (2 beds) had one of its doors off its track; this couldn't be moved/closed easily, and was extremely wobbly. Thus, if left in this condition/position, a potential hazard existed. Interview with the administrator at 10:45am on

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SUMMARY STATEMENT OF DEFICIENCIES
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provided no clarification as to why this hadn't been addressed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bayvue Assisted Living Facility LLC
2506 Lithia Pinecrest Rd
Valrico, FL 33596

Dear Administrator:

This letter reports the findings of an initial 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,

For Patricia Reid Caufman
Field Office Manager

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

XG90

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