STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	08/21/2016
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 Initial Comments

Assisted Living Facility

Two off hours complaint investigations, (CCR# 2016007036 and CCR# 2016006957) were conducted at Bristol Court Assisted Living on / . Bristol Court Assisted Living had deficiencies cited relative to CCR# 2016007036 at the time of the investigations.

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that facility staff receive their in-service training regarding the facility's resident elopement response policies and procedures and Emergency Preparation and Evacuation within 30 days of employment for 1 (staff C) of four direct care staff sampled for trainings.

Findings included:

A record review on / of the personnel file for direct care staff C revealed there were no training certificates for the elopement response training and the emergency preparation and evacuation training in staff C's record. The staff record also revealed the hire date for Staff C was / .
On / at 8:38 am an interview with Staff D confirmed that direct care staff C was hired on / and had been employed for more than 30 days and there were no training certificates for elopement response training and emergency preparation and evacuation training in staff C's personnel record.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure the facility staff received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days of employment for tone (staff C) of 4 direct care staff sampled for training.

Findings included:

Record review on / of direct care staff C's personnel file revealed there was no training certificate in her personnel file. The personnel file also revealed the hire date for staff C was / .

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

On . . /. . at 8:38 am an interview with staff D confirmed direct care staff staff C was hired on . . . . /. . . and had been employed for more than 30 days and there were no training certificates for . . . . . in staff C's personnel file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bristol Court Assisted Living
3479 54th Ave N
Saint Petersburg, FL 33714

RE: CCR# 2016007036 & CCR# 2016006957

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.

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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