STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966560	08/30/2016
NAME OF PROVIDER OR SUPPLIER **BAYAMO ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1199 SW BAYAMO AVENUE** **PORT SAINT LUCIE, FL 34953**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on at Bayamo Assisted Living Facility, Inc (License #10726). The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and record review it was determined the facility failed to ensure that each resident was provided with access to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to utilizing standard precautions for hand hygiene during the provision of assistance with the self administration of medications for 4 of 4 sampled residents (Resident #1, Resident #2, Resident #3, and Resident #6).

The findings included:

Review of the CDC (Center for Control) website printout dated indicated Standard Precautions are a set of control practices that healthcare personnel use to reduce transmission of microorganisms in healthcare settings.
Standard Precautions protect both healthcare personnel & patients from contact with agents.
STANDARD PRECAUTIONS INCLUDE:
Hand hygiene (hand washing with soap and water or use of an -based hand sanitizer) before and after patient contact and after contact with the immediate patient care environment.

During observation of Staff A providing assistance with the self administration of medications for Resident #1; Resident #2; Resident #3; and Resident #6 on from 8:45 AM through 9:25 AM Staff A was not observed to wash or sanitize hands before or after resident contact. She also handled oral medications (pills) with her bare unwashed/unsanitized hands. She would pop the oral medication (pill) from the "bingo card" to her bare unwashed/unsanitized hand and then into the small plastic medication cup or she would place the oral medication (pill) directly from the bottle to her bare unwashed/unsanitized hand into the small plastic medication cup.

During interview conducted with Staff A on beginning at approximately 9:25 AM, she was asked why she did not wash/sanitize her hands between resident contact and why she handled the oral medications (pills) with her bare unwashed/unsanitized hands. She stated she was just nervous and was not thinking.

Class III

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BAYAMO ASSISTED LIVING FACILITY, INC	1199 SW BAYAMO AVENUE PORT SAINT LUCIE, FL 34953

SUMMARY STATEMENT OF DEFICIENCIES
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0078 Staffing Standards - Staff

Based on interview and record review it was determined the facility failed to ensure newly hired staff had submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , no earlier than 6 months before submission of the statement for 1 of 2 newly hired staff (Staff B). In addition, based on interview and record review it was determined the facility failed to ensure each employee had evidence of a negative examination on an annual basis for 3 of 3 employees that had been employed in excess of 1 year (Staff A, Staff D, and Staff D).

The findings include:

1) During interview and employee record review conducted with the Alternate Administrator on beginning at approximately 11:45 AM; she was provided the opportunity to locate documentation of freedom from communicable for Staff B (date of hire noted as). She was able to locate a document that indicated freedom from communicable that was dated . This was in excess of 6 months prior to date of hire noted as . The Alternate Administrator stated she thought this documentation was sufficient to meet the regulatory requirement. It was explained to her that it was in excess of 6 months prior to date of hire and therefore was not acceptable for the purposes of this regulatory requirement.

2) During interview and employee record review conducted with the Alternate Administrator on beginning at approximately 11:45 AM, she was provided the opportunity to locate evidence of an annual negative examination for the following employees that have access to the residents and their living areas:

a) Staff A (date of hire noted as); the last evidence of an annual examination was dated .
b) Staff C (date of hire noted as /); the last evidence of an annual examination was dated / .
c) Staff D (date of hire noted as); the last evidence of an annual examination was dated .

The Alternate Administrator could not provide an explanation as to why this required documentation was not on file for the above noted employees.

Class III

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0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review, it was determined the facility failed to ensure that unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self administered medications must have successfully completed a minimum of 2 hours of continuing education training on providing assistance and safe medication practices in an assisted living facility, and this training must only be provided by a licensed registered nurse or a licensed pharmacist, for 2 of 2 sampled staff that provides assistance with self administration of medications (Staff A and Staff B).

The findings included:

During interview and employee record review conducted with the Alternate Administrator on beginning at approximately 11:45 AM; she was provided the opportunity to locate the annual 2 hour medication update trainings for the following employees that provide assistance with the self administration of medications:

a) Staff A (date of hire noted as): she had documentation of the initial 4 hour training dated ; however, she did not have documentation of any 2 hour annual medication updates for 2009 through 2015 (7 years); then she had a 2 hour update dated .
b) Staff B (date of hire noted as): she had taken and passed the core competency exam effective ; however, she did not have documentation of any 2 hour annual medication training updates for 2013 and 2014; then she had a 2 hour annual medication training update dated .
The Alternate Administrator could not provide an explanation as to why this required training documentation was not on file for the above noted employees of this facility that provides assistance with the self administration of medications.

Class III

0161 Records - Staff

Based on interview and record review, it was determined the facility failed to ensure that each employee's file contained a copy of the employment application, with references furnished, for 1 of 2 recently hired employees (Staff E).

The findings included:

During interview and employee record review conducted with the Alternate Administrator on

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beginning at approximately 11:45 AM; she was provided the opportunity to locate an employment application, with references furnished, for Staff E (date of hire noted as). The Administrator acknowledged this employee was currently working at the facility and that she had not completed an employment application as of this time.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined this facility failed to ensure that each staff member subject to screening by a specified agency registered each staff member with the Clearinghouse, for 4 of 5 staff reviewed (Staff A, Staff B, Staff C, and Staff D) within 10 days of beginning employment.

The findings included:

During interview and employee record review conducted with the Alternate Administrator on beginning at approximately 11:45 AM, she was asked if the all of the staff of this facility had been registered with the Clearinghouse Roster. A printout of this roster, dated , that did not have the names of any staff noted was reviewed with her at this time. She stated she was not aware of this Clearinghouse Roster or the requirement to register staff with the Clearinghouse. The Administrator acknowledged the following staff, that are subject to screening ,were not registered with the Clearinghouse Roster:

a) Staff A with a date of hire note as
b) Staff B with a date of hire note as
c) Staff C with a date of hire noted as
d) Staff D with a date of hire noted as

Unclassified

Z816 Background Screening-Compliance Attestation

Based on interview and record review, it was determined the facility failed to ensure that each person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days and that such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency for, 1 of 5 sampled staff reviewed (Staff E).

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The findings included:

During interview and employee record review conducted with the Alternate Administrator on beginning at approximately 11:45 AM, she was asked to provide documentation of a level 2 background screening; the attestation of compliance with background screening requirements form; and a completed employment application that indicates employment history for Staff E (with a date of hire noted as). The Alternate Administrator only had a level 2 background screening that was dated . The Alternate Administrator acknowledged that she did not have any employment application or the attestation of compliance with background screening requirements for Staff E. The Alternate Administrator acknowledged that she did not have any documentation to verify that she had verified if there had or had not been a break in employment that exceeded 90 days since .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bayamo Assisted Living Facility, Inc
1199 SW Bayamo Avenue
Port Saint Lucie, FL 34953

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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