STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922288	12/02/2016
NAME OF PROVIDER OR SUPPLIER **BELLEAIR MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1711 BALMORAL DRIVE** **CLEARWATER, FL 33756**	

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

0000 Initial Comments

Assisted Living Facility

On 12/2/16, an abbreviated biennial relicensure survey was conducted at Belleair Manor, Assisted Living Facility. Deficient practice was identified at the time of the visit.

(Lic. # 7960)

0052 Medication - Assistance with Self-Admin

Based on observation and record review, the facility did not assist one of one resident sampled (#2) in accordance with all procedures pertaining to assisting residents with self-administration of medication, as
described in Section 429.256, F.S.

Findings included:

At 4:30p.m. on , Staff B was observed reviewing the medications for Resident #2. She then initialed on the medication observation record (MOR) on the corresponding 5pm entries for each of the three (3) medications the resident was going to be receiving. After giving Resident #2 the medication tablets, the employee immediately turned away and returned to the medication cart without observing the resident physically swallow the medications.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, one of three staff sampled who had been employed at least 30 days (B) did not have a statement from a health care provider attesting to their freedom from communicable , nor did they have a current ( ) evaluation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

A personnel record review during the 12/16 inspection indicated that Staff B (hired) had no official evaluation from a health care provider (physician; ARNP; physician's assistant) attesting to her freedom from communicable . In addition, although a / statement was included in Staff B's file, this document had not been formally signed off by any licensed examining party. Interview with the administrator at 1:20pm on verified that Staff B did not have a statement from a health care provider regarding Staff B's freedom from communicable , nor that the / document was technically valid.

Class III

0081 Training - Staff In-Service

Based on record review and interview, two of three staff sampled (B; C) who had worked at least 30 days had not received all the required training.

Findings included:

A review of Staff B's (hired) file during the / survey revealed that documented evidence was missing verifying that the following trainings had been obtained: a) 3 hrs. resident behavior and needs and providing assistance with activities of daily living; b) elopement--facility's policies/procedures; c) resident rights in an ALF; d) recognizing/reporting resident , neglect; e) emergency protocols; chain of command/internal procedures;etc,; f) major incident and adverse incident reporting and g) safe food handling practices. In addition, there was no documentation in the file of Staff C (hired /) that she had received training the training in recognizing/reporting resident , neglect, and . Interview with the administrator at 1:15pm on confirmed that this paperwork had likely been misfiled.

Class III

0090 Training -

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

Based on record review and interview, one of three staff sampled who had been employed at least 30 days (B) had not received formal training in the facility's policy/procedures regarding .

Findings included:

A review of personnel files during the survey indicated that Staff B, hired , had no documentation verifying that a 1 hour training in the facility's policies/procedures pertaining to had been taken. Interview with the administrator at 1:40pm on confirmed that no official training had been provided to this employee yet.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Belleair Manor
1711 Balmoral Drive
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a biennial 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-basec 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
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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

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