STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	**12/06/2016**
NAME OF PROVIDER OR SUPPLIER **BAYSIDE TERRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782**	

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

0000 - Initial Comments

Assisted Living Facility

On 6, 2016, an unannounced complaint investigation, (CCR# 2016011303), was conducted at Bayside Terrace. Bayside Terrace, Assisted Living Facility, had deficient practice at the time of the investigation.

(License # 6139)

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on records reviews and interviews, the facility failed to report an adverse incident to the State of Florida Agency for Healthcare Administration.

Findings Included:

A review of the facility internal documents, on , revealed an incident on involving Resident #1, where said resident received an injury the left elbow as a result of an altercation with another resident, Resident #2 who was said to have pushed Resident #1 to the floor. A review of Resident #1's medical record revealed that the injury received on resulted in #1 resident being admitted to the hospital with a elbow and subsequent surgery to fix the elbow. The facility notified the doctor and the families involved. Resident #1's doctor ordered an X-ray. Resident #1's family member came to the facility and decided that, because of the intense pain and , said resident needed to be taken immediately to the hospital emergency . At the hospital, they discovered a elbow, admitted the resident and performed surgery on the elbow.

An interview with the facility Wellness Director at 1:40 pm on / revealed the facility was aware of multiple incidents of Resident #2 physically harming or threatening other residents and staff. The Wellness Director stated that facility policy and procedure for actions following incidents such as the one on , the facility would contact the family and doctor, file an incident report, and send the incident report to the facility corporate risk management office. The Wellness Director stated that an Adverse Incident Report should have been filed with the State for an incident such as this one, however this time it appeared that they had failed to do so.

A review of the facility policy and procedure revealed that a " or of bones or joints"

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meets the definition of an "adverse incident". Additionally allegations of physical altercations are included in the definition of an "adverse incident". The facility policy and procedure is to comply with Florida requirements for filing an adverse incident report within 1 business day after the occurrence and then file a full report of the facility investigation into the incident within 15 days after the occurrence.

In an interview at 2:20 pm, the Wellness Director did not know why an Adverse Incident Report had not been filed after the / altercation. In an interview at 2:40 pm, the Administrator could not explain why an Adverse Incident Report was not filed for the incident. The Administrator stated that it was an oversight that an Adverse Incident Report was not filed for such a serious incident as an aggressive resident pushing another resident and causing a bone.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Bayside Terrace
9381 U.S. Hwy 19 North
Pinellas Park, FL 33782

RE: CCR# 2016011303

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 , 2017.** 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 deficiency 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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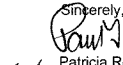
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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