STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963974	12/27/2016
NAME OF PROVIDER OR SUPPLIER **BELLEAIR COUNTRY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2298 BELLEAIR ROAD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Belleair Country House, Assisted Living Facility (License #8782), had deficiencies at the time of this visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that 3 of 5 direct resident care staff in a facility with an in-house census of 12 residents submitted a statement from a health care provider documenting that the staff person does not have any signs or symptoms of a communicable including .

Findings included:
Three of five employee records (staff A, B & C) selected for review on / contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .
Per record review conducted at the facility on , Staff A was hired as a Resident Care Aide/Medication Technician on ; Staff B was hired as a Resident Care Aide/Medication Technician on / / ; Staff E was hired as a Resident Care Aide/Medication Technician on / .
The employee ' s records contained documentation of current annual results of testing (negative), but there was no statement of freedom from communicable including in Staff A, Staff B, & Staff E ' s employee files.
Per interview with the facility Administrator and the new Manager on / at 4:00pm, the Administrator acknowledged missing items in employee records. The new Manager stated she is in process of auditing all records and ensuring documentation of all required items is in each employee record as required.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides, receive a minimum of 1 hour in-service training in control and a minimum of 3 hours of in-service training within 30 days

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of employment that covers resident behavior and needs and providing assistance with activities of daily living. The facility failed to ensure that all staff who provides direct care to residents receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers the facility ' s emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents. The facility also failed to ensure that all staff who provide direct care to residents, who have not taken the core training program, receive a minimum of 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility and recognizing and reporting resident , neglect, and .

Findings included:
Five employee records of personnel who provide direct care to residents (12 in-house residents on day of visit) were selected for review on / . Per record review, Staff A was hired as a Resident Care Aide/Medication Technician on ; Staff B was hired as a Resident Care Aide/Medication Technician on / / ; Staff C was hired as a Resident Care Aide/Medication Technician on ; Staff D was hired as a Resident Care Aide/Medication Technician on / / ; Staff E was hired as a Resident Care Aide/Medication Technician on / . There was no documentation of required trainings found in employee records as follows:
Four of five employee records (Staff B, C, D, & E) did not contain documentation of training in control, including universal precautions and facility sanitation procedures.
Four of five employee records (Staff B, C, D, & E) did not contain documentation of a minimum of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with activities of daily living. Staff B ' s record contained a certificate dated / for 2 hours of training. Staff D ' s record contained no evidence of the required training.
Four of five employee records (Staff B, C, D, & E) did not contain documentation of in-service training regarding the facility's resident elopement response policies and procedures, provision of a copy of the facility's resident elopement response policies and procedures, and indication of staff understanding and competency in the implementation of the elopement response policies and procedures.
Four of five employee records (Staff B, C, D, & E) did not contain documentation of in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
Four of five employee records (Staff B, C, D, & E) did not contain documentation of in-service training in reporting major and adverse incidents.
Three of five employee records (Staff B, C, & E) did not contain documentation of in-service training in Resident rights in an assisted living facility and recognizing and reporting Resident , neglect, and .

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SUMMARY STATEMENT OF DEFICIENCIES
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Per interview with the facility Administrator and the new Manager on 12/27/16 at 4:00pm, the Administrator acknowledged missing items in employee records. The new Manager stated she is in process of auditing all records and ensuring documentation of all required training is in each employee record as required.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all employees have completed a one-time education course on and .

Findings included:
Five employee records of personnel who provide direct care to residents (12 in-house residents on day of visit) were selected for review on . Three of five employee records (Staff B, C, & E) did not contain documentation of completion of a one-time education course on and . Per record review, Staff B was hired as a Resident Care Aide/Medication Technician on / / ; Staff C was hired as a Resident Care Aide/Medication Technician on ; Staff E was hired as a Resident Care Aide/Medication Technician on .
Per interview with the facility Administrator and the new Manager on at 4:00pm, the Administrator acknowledged missing items in employee records. The new Manager stated she is in process of auditing all records and ensuring documentation of all required training is in each employee record as required.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record reviews and interviews, the facility failed to ensure that 4 of 5 direct care staff in a facility with 12 current in-house residents receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:
Five employee records of personnel who provide direct care to residents were selected for review on . Per record review, Staff B was hired as a Resident Care Aide/Medication Technician on / / ; Staff C was hired as a Resident Care Aide/Medication Technician on ; Staff D was hired as a Resident Care Aide/Medication Technician on ; Staff E was hired as a Resident Care Aide/Medication Technician on / / . Four of five employee records (Staff B, C, D, & E) did not contain documentation of training in the facility ' s policies and procedures regarding .

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Orders.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Belleair Country House
2298 Belleair Road
Clearwater, FL 33764

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 , 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 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/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com