STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965317	01/23/2017
NAME OF PROVIDER OR SUPPLIER **BAYOU GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1585 CURLEW RD.** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017000338), was conducted at Bayou Gardens Dunedin on 1/23/17 in conjunction with a revisit to a change of ownership (CHOW) state licensure survey with limited mental health (LMH) of . Bayou Gardens Dunedin, Assisted Living Facility, had deficiencies at the time of the investigation.

(License # 9712)

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and interview the facility failed to ensure that 4(#6, 7, 8, 9) of 4 residents received their morning medication as directed by the physician.

Findings included:

On / at 9:30AM during a tour of the facility it was observed that the med/tech A was conducting a medication pass. The med/tech was observed moving the medication cart from she conducted the morning medication pass for residents #6, #7, #8, #9. A review of the resident medication and the time on the Medication Observation Record indicted the medication was to be given at 8:00AM. The residents received their medication at 9:30AM

Resident #6 MOR

Generic for 10mg, take one tablet by mouth everyday 8:00am
Propiona 50 GM AEROS spray one in each nostril twice a day 8:00am - 8:00pm
XR 28 EXT-Release Capsule Take one capsule by mouth everyday 8:00am

Resident #7 MOR

tears 1.5% solution instill 2 drops in each eye two times a day. 8:00am - 8:00pm
100mg tablet take one tablet by mouth 3 times a day. 8:00am - 4:00pm - 8:00pm
DR 20 capsule take one tablet by mouth every day for 8:00AM
8.6-50MG tablet take one tablet by mouth every day for hold for loose stool 8:00am

Resident #8 MOR

HBR 10mg tablet take one tablet by mouth every day for 8:00am
Sod100 mg take two capsules 200mg by mouth twice a day. 8:00am
20mg tablet Take one tablet by mouth every Mon, Wed, Fri 8:00am (must reorder)

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300mg capsule take one capsule by mouth twice a day. 8:00am - 8:00pm
5mg tablet take one tablet by mouth twice a day for . 8:00am - 3:00pm
25mg tablet Take one tablet by mouth every day for 8:00am
ER 90 EXT-release tablet Take one tablet by mouth for Hypertension 8:00am
Vit D 1000 iu tablet one tablet a day orally for 30 days 8:00am

Resident # 9 MOR
81mg coated take one tablet every day in the morning for health. 8:00am
Sod100 mg cap (stool soft) take 1 cap by mouth twice daily for 8:00am - 8:00pm
50 MCG AE Use one spray into both nostrils once a day 8:00am
1mg tablet Take one tablet by mouth every day in the morning for the treatment of deficiency and .8:00am
25mg take one tablet by mouth every day in the morning for . 8:00pm
40mg tablet take one tablet every day in the morning for 800am.
Mematine 5mg tab take one tablet by mouth twice a day for . 8:00am - 8:00pm
DR 20 capsule Take one capsule by mouth every day for .
0.4 mg capsule Take one capsule by mouth after the same meal every day8:00am

During a brief interview with the med /tech on / / at 9:35am she stated she started her shift at 7:30am and had not completed the medication pass. The med/tech starts the med pass in the dining the residents that come in for their breakfast. She then goes to the residents that are in their and had not received their medication.
The facility failed to follow the physician ' s orders.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation, interview, and record review, the facility failed to ensure that regular meals were provided that met the nutritional needs of residents.

Findings included:

A review of the registered dietitian approved menu (approved on / /) showed that the lunch meal for / / consisted of Salisbury steak, mashed potato, green beans, mixed greens salad, Mandarin oranges, roll, margarine, dessert of the day, milk. The lunch meal served on this date included country fried steak, green beans, and mashed potatoes. There was no mixed greens salad observed.

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

After requesting the substitution log, the administrator provided a dated copy of the menu with items crossed out (without an explanation as to why) and hand written notations added. The dated menu showed that Salisbury steak was crossed out and chicken fried steak inserted by hand. There was a hand-written line crossing out the mixed greens salad with no alternative listed.

Cook was interviewed at 1:00 PM concerning the observation of the lack of the mixed greens salad or an alternative substituted. The cook stated that it was either green beans or mixed greens salad. Cook stated that we served green beans, not salad.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to note substitutions to its menu before or when the meal was served.

Findings included:

A review of the menu for the dinner meal on 1/ /17 showed items including lentil soup and a turkey sandwich. The meal observed at 4:35 PM included soup and a ham and cheese sandwich, which was consistent with the dry erase menu board situated in front of the dining .

A review of a dated menu presented as a substitution list showed that lentil soup was crossed out and soup added. There was no substitution listed for a ham and cheese sandwich.

Administrator was interviewed at approximately 5:15 PM on 1/ and acknowledged that staff had substituted the ham and cheese sandwich for the turkey sandwich without noting the substitution log.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Bayou Gardens Dunedin
1585 Curlew Rd.
Dunedin, FL 34698

RE: Revisit & **CCR# 2017000338**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey that were conducted on 23, 2017, by representative(s) of this office.

The previously cited deficiencies were found corrected on the day of the revisit. 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.

St. Petersburg Field Office
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Twitter.com/AHCA_FL
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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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90