

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943041	(X3) DATE SURVEY COMPLETED 01/26/2017
NAME OF PROVIDER OR SUPPLIER BAYTREE LAKESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 6411 46TH AVENUE NORTH SAINT PETERSBURG, FL 33709	

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

0000 - Initial Comments

Assisted Living Facility

On 26, 2017, a biennial re-licensure survey with extended congregate care (ECC) services was conducted at Baytree Lakeside, Assisted Living Facility, (lic# 6773). Deficient practice was identified at the time of the visit.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to provide a safe living environment regarding unlocked chemicals and free from safety hazards damaged floors.

Findings included:

Observations on 1/26/2017 between 9:00 am and 11:30 am on the tour of the facility revealed there were two closets where the facility's cleaning chemicals were stored. Both of these doors were unlocked and accessible to the residents. There were two housekeeping carts observed in the hallway and both had cleaning chemicals sitting on the carts without any way to lock them up.

The housekeeper #J stated on 1/26/2017 at 10:30 am that she unlocks the cleaning storage closets in the morning and locks them when she leaves. She stated she did not know the cleaning supplies on top of the cart had to be secured.

Observation on 1/26/2017 of floors in the activities room, #103, 109, 114, 116 and 331 revealed the vinyl was separating from the floor and had become a tripping hazard. Also the door and the door jams to resident's room, 331 was badly scuffed and needed repainting.

The manager stated on 1/26/2017 at 3:00 pm that did not realize the vinyl had become a tripping hazard and she would replace the vinyl right away.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Baytree Lakeside
6411 46th Avenue North
Saint Petersburg, FL 33709

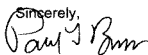
Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on , 2017, 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 the identified deficiency. 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.

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

XG90

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



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