STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	**05/26/2017**
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial re-licensure survey with limited nursing services (LNS) was conducted at Bristol Court Assisted Living. Deficient practice was identified at the time of the visit.

(License # 11970)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure an interdisciplinary care plan ( ), specifying the care and services provided by hospice and those services provided by the facility and agreed upon by Hospice, the facility, and the Resident or Resident's representative was developed and implemented for two Hospice Residents (#12 and #14) of two sampled Hospice Residents.

Findings included:

A record review conducted on for Hospice Resident #12, revealed that there was a general Hospice care plan related to diagnosis and . Resident #12's record did not contain an , which specifies care and services provided by hospice and the care and services provided by the facility and agreed upon by Hospice, the facility, and the Resident or Resident's representative.

A focused record review conducted on for Hospice Resident #14, revealed that there was a general Hospice care plan related to diagnosis and . Resident #14's record did not contain an , which specifies care and services provided by hospice and the care and services provided by the facility and agreed upon by Hospice, the facility, and the Resident or Resident's representative.

An interview conducted on at 12:50pm the Director of Nursing confirmed and acknowledged there was no in both Resident #12 and #14 record and stated that if it is not in the chart we probably won't have anything.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	05/26/2017
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

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

Based on record review and interview, the facility failed to ensure that all staff (3 of 3 reviewed) who provide direct care to residents in an assisted living facility with an in-house census of 84 residents receive 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.

Findings included:

Surveyor randomly selected 3 employee records for review on . Per record review, Staff A was hired on as a Resident Aide/Medication Tech; Staff B was hired on 11/ as a Resident Aide/Medication Tech; Staff C was hired on as a Resident Aide/Medication Tech. Per schedule review and interview with the Assistant Administrator, Staff A, B, & C all provide direct resident care services.

Per Employee Record Reviews on , there were no certificates in Staff A, B, & C training records documenting training in emergency preparedness and evacuation training.

Per interview with the facility Administrator on , the Administrator acknowledged Staff A, B, & C not having the required training.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure that 1 of 3 staff who provide residents assistance with self-administration of medications has successfully completed an annual 2-hour update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility with an in-house census of 84 residents.

Findings included:

Per employee record review, Staff B is an unlicensed employee hired on 11/ as a Resident Aide/Medication Tech. The facility staff schedule notes Staff B as responsible for providing resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	05/26/2017
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

medications. Per interview with the facility Assistant Administrator on 11/ , Staff B is not a licensed nurse or other healthcare professional and assists residents with self-administration of medications.

Per review of the facility's employee records conducted on , Staff B completed 4 hours of training in providing assistance with self-administration of medications on . There was no evidence of completion of an annual 2-hour training update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility due by .

Per interview with the facility Administrator on , the Administrator acknowledged Staff B not having the required medication training update.

Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff (1 of 3 reviewed) receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

Per record reviews and interviews conducted at the facility on , 1 of 3 employee records reviewed contained no evidence of training in the facility's policies and procedures regarding .

Per record review, Staff C was hired as a Resident Aide/Med Tech on . Staff C's employee file contained no documentation of training in the facility's policies and procedures regarding .

Per interview with the facility Administrator on , the Administrator acknowledged Staff C not having the required training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	**05/26/2017**
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review, the facility failed to maintain documentation of the qualifications of the Limited Nursing Services (LNS) Nurse Consultant and LNS Supervisor in the facility's personnel files as a provision of Assisted Living Facility Standard license with LNS Specialty designation.

Findings included:

During a LNS record review conducted on , the facility was unable to provide nursing license: number and expiration date, Background Screening eligibility, a negative test, a Free of Communicable Statement, and cards for both LNS Supervisor and LNS Registered Nurse Consultant. The qualifying documents was requested from the Director of Nursing at 09:10 am and 10:30 am and from the Business Office Manager at 12:15 pm. The facility was unable to provide documents by end of survey at 02:45 pm.

Class III