

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963958	(X3) DATE SURVEY COMPLETED 06/27/2017
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, 2017, through, 2017, a biennial re-licensure survey with limited nursing services (LNS) in conjunction with complaint surveys, (CCR# 2017004356, CCR# 2017004476 and CCR# 2017006130 (aspen event id# MOEK11), was conducted at Bayside Terrace assisted living facility. Deficient practice was identified relative to the biennial re-licensure with LNS.

(License # 6139)

0162 - Records - Resident - 58A-5.024(3) FAC

Based on records review and interviews, the facility failed to maintain resident records to include legal documentation of the appointment of a guardian, surrogate or proxy when such a representative signed facility contracts for 2 (#11 & #12) of 2 residents reviewed for legal documentation.

Findings included:

A records review at 1:00 pm on revealed that resident #11 had a contract with the facility dated, which was signed by a person other than the resident. The resident's record was searched to find legal documentation appointing the signer of the contract as the resident's guardian, surrogate, proxy or representative and no such paperwork was found.

A records review at 2:00 pm on revealed that resident #12 had a contract with the facility dated, which was signed by a person other than the resident. The resident's record was searched to find legal documentation appointing the signer of the contract as the resident's guardian, surrogate, proxy or representative and no such paperwork was found.

At 2:15 pm, in an interview with the Administrator, the legal documentation for resident #12's representative was requested. The Administrator also searched through the resident's records and did not find any documentation of a legal representative. The Administrator went to go look for the required paperwork in another location but returned shortly saying that they did not seem to have any such documentation of file for Resident #12.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

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Class III N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC Based on records review and interview, the facility failed to contract with a qualified nurse to provide limited nursing services (LNS) as needed. Findings included: On at 9:15 am, at the entrance conference meeting, the Administrator stated the facility held an assisted living facility with LNS license, however the facility did not have any residents who were receiving LNS services. At 9:20 am on, the Director of Nursing (DON) stated the facility did not have any LNS residents and that they could locate the required LNS policies and procedures and licensure of the qualified nurse who would provide LNS services as needed. The facility's assisted living facility with limited nursing services (LNS) license was reviewed and it was current and due to expire on At 10:00 am, the DON stated in an interview that the facility did not have any LNS policies and procedures on file and did not employ or contract with a qualified nurse to provide LNS services as needed. Class III		