STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932484	**08/31/2017**
NAME OF PROVIDER OR SUPPLIER **BAYOU GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2275 NEBRASKA AVENUE** **PALM HARBOR, FL 34683**	

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) in conjunction with a revisit to the complaint surveys, (CCR# 2017004721, CCR# 2017004330, and CCR# 2017004107) was conducted at Bayou Gardens. Deficient practice was identified at the time of the visit.

(License # 8104)

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

Based on record review and interview, the facility failed to provide proof of providing a written job description to each staff member for one (Staff A) of four employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of . The review of Staff A's record showed an absence of a written job description.

An interview was conducted with the Administrator at 2:42 PM on concerning the lack of a written job description in Staff A's record. The Administrator reviewed Staff A's record and stated that they did not see it.

Class III

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

Based on record review and interview, the facility failed to provide proof, within 30 days of employment, of a minimum of one hour of in-service training in the subject of facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation (Emergency Preparedness Training) for one (Staff A) of four employee records reviewed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932484	**08/31/2017**
NAME OF PROVIDER OR SUPPLIER **BAYOU GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2275 NEBRASKA AVENUE** **PALM HARBOR, FL 34683**	

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

Findings included:

A review of employee records conducted on . . . . . showed that Staff A, a direct care staff member, was hired on . A review of Staff A's record showed a lack of a training certificate for Emergency Preparedness Training.

The Administrator was interviewed at 2:43 PM on . . . . and asked to show proof of Emergency Preparedness Training for Staff A. The Administrator reviewed Staff A's record and acknowledged that it wasn't there.

Class III