STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **BAY PINES MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD.** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial state licensure survey was conducted on .

The Bay Pines Manor, Assisted Living Facility, had deficiencies at the time of this visit.

(License # 7797)

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

Based on record review and interview, the facility failed to ensure that all staff (2 of 3 reviewed) who provide direct resident care in a facility with 6 residents receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, receive a copy of the facility's resident elopement response policies and procedures, and demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. The facility failed to ensure that all staff who provides direct resident care 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:

Per record reviews and interviews conducted at the facility on , Staff A was hired as a Resident Aide/Med Tech on to provide resident care services at this facility and Staff C was hired as a Resident Aide/Med Tech on to provide resident care services at this facility.

Per employee record reviews, both Staff A & Staff C received training in resident elopement, emergency, and evacuation response policies and procedures at another facility prior to employment at current facility; however, facility-specific training is required to ensure resident safety in current facility where Staff A & Staff C are employed.

Per interview conducted with the Administrator on at 1:30pm, the Administrator stated that the facility staff meeting in 2 weeks will include provision of the required facility-specific training. The facility has Elopement Policy & Procedures ready for staff training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **BAY PINES MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD.** **SAINT PETERSBURG, FL 33708**	

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

Class III

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

Based on record reviews and interviews, the facility failed to ensure that all direct care staff (2 of 3 reviewed) who provide direct resident care in a facility with 6 residents 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 , Staff A was hired as a Resident Aide/Med Tech on to provide resident care services at this facility and Staff C was hired as a Resident Aide/Med Tech on to provide resident care services at this facility.

Per employee record reviews, both Staff A & Staff C received training in facility policies and procedures regarding at another facility prior to employment at current facility; however, facility-specific training is required to ensure resident safety in current facility where Staff A & Staff C are employed.

Per interview conducted with the Administrator on at 1:30pm, the Administrator stated that the facility staff meeting in 2 weeks will include provision of the required facility-specific training.

Class III