STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	**01/22/2018**
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

An unannounced Change of Ownership survey with Limited Nursing Services (LNS), (CHOW Provisional License issued for the period to), was conducted on .

The Bayside Terrace, Assisted Living Facility, (License # 6139), had deficiencies at the time of this visit.

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

Based on record review and interview, the facility, with 123 in-house residents, failed to ensure that newly hired staff (2 of 3 sampled) submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Findings included:

Two of three employee records randomly selected for review on beginning at 10:30am contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Staff A was hired on to provide direct resident care services. As of review, Staff A's employee records did not contain a statement of freedom from signs or symptoms of a communicable including ; Staff A's employee file did contain evidence of initial negative testing ( ) prior to beginning employment.

Staff B was hired on to provide direct resident care services. As of review, Staff B's employee records did not contain a statement of freedom from signs or symptoms of a communicable including ; Staff B's employee file did contain evidence of initial negative testing ( ) prior to beginning employment.

Per interview conducted with the Administrator on at 4:00pm, the Administrator acknowledged that the files are missing the required documentation.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	**01/22/2018**
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)

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

Based on record review and interview, the facility failed to employ or contract with a nurse to be available to provide services, as needed, by residents receiving Limited Nursing Services (LNS) and failed to maintain documentation of the nurse's qualifications.

Findings Included:

During a review of the facility's Limited Nursing Services (LNS) records review on , it was revealed that the facility had a document on file that named a registered nurse (RN) to provide "monthly reviews of service plans for any LNS residents the facility admitted". The document was not dated and did not indicate that the RN had agreed to oversee and ensure that the facility's LNS nursing services are conducted and supervised according to the prevailing standard of practice in the nursing community. A copy of the named RN's current license was on file, however no further documentation, such as a Level II background screening, was on file.

At 10:30am on , the Administrator of the facility was interviewed. The Administrator stated that the facility thought that the documentation they had on file naming a qualified nurse to oversee their LNS program was sufficient. The Administrator explained that they did not currently have any residents in the facility who were receiving LNS services. The Administrator stated that all of the residents who received any type services that required a nurse would be receiving those services through a home health agency.

Class III