STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **BAYTREE LAKESIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6411 46TH AVENUE NORTH** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Investigation (CCR#: 2018005608 and 2018005790) was conducted in conjunction with a revisit to a Complaint Survey (CCR#: 2018003103, CCR#: 2018002208, and 2018000692) at Baytree Lakeside Assisted Living Facility on . Baytree Lakeside Assisted Living Facility had deficient practice at the time of survey.

(License#: 6773)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the Facility failed to immediately update Medication Observation Records (MORs) each time medication was offered to four Residents (#6, #7, #8, and #9) of seven sampled residents.

Findings Included:

A review of MORs for Resident #6 conducted on , revealed several medications with varying dates and times not documented as given (See Photographic Evidence4). The following medications were not documented as given to Resident #6:

- 50 mg on at 08:00pm
- Tears 1.4% , Solution on at 08:00pm and at 08:00am
- Blink Gel , Drops on at 08:00pm and at 08:00pm
- 600 + D on at 08:00am and at 08:00am
- 100mg on at 08:00am
- 145mg on at 08:00pm
- 0.1% , Suspension on at 08:00pm and at 08:00pm
- 100mg on at 08:00pm
- 600mg on at 07:00pm
- PM 500-25mg on at 07:00pm
- 5mg on at 07:00pm
- 0.25mg on at 07:00pm
- HFA 90mcg Inhaler on at 07:00pm

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of MORs for Resident #7 conducted on , revealed one medication not documented as given (See Photographic Evidence5). The following medication was not documented as given to Resident #7:
- , 50mcg Aero Spray on at 05:00pm, at 05:00pm, and at 06:00am

A review of MORs for Resident #8 conducted on , revealed two medications with varying dates and times not documented as given (See Photographic Evidence6). The following medications were not documented as given to Resident #8:
- , 1mg on at 08:00pm and at 08:00pm
- 1% , solution on at 06:00am

A review of MORs for Resident #9 conducted on , revealed two medications with varying dates and times not documented as given (See Photographic Evidence7). The following medications were not documented as given to Resident #9:
- , 0.5mg on at 07:00pm
- 20mg on at 06:00am

During a staff interview with the Assistant Administrator and the Director of Nursing conducted on at 01:49pm, both acknowledged and confirmed omitted documentation on Resident #6, #7, #8, and #9 MORs and stated that, "there should be no omissions in documentation."

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview, the Facility failed to have labels on over-the-counter medications that includes residents name and the health care provider's directions for use for one Resident (#2) of one sampled resident who uses over-the-counter medications.

Findings Included:

During a medication review of Resident #2 conducted on at 07:38am, revealed Resident #2 prescribed centrally stored over-the-counter medications (and) did not have labels on the medication bottles.

During a staff interview with the Assistant Administrator and the Director of Nursing conducted on

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SUMMARY STATEMENT OF DEFICIENCIES
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, both unaware of labeling requirements for over-the-counter medications.

Class III