STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	R 08/15/2018
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 revisit to complaint survey (CCR#2018005790) was conducted on , in conjunction with a second revisit to and complaint survey (CCR#2018003103, 2018002208 & 2018000692), and an Extended Congregate Care Monitoring. Baytree Lakeside had deficient practice related to the revisit.

(license# 6773)

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

Based on record review and interview, the Facility failed to ensure that Medication Observation Records (MORs) were immediately updated each time a medication was offered to six Residents (#1, #2, #3, #4, #5, and #6) of ten sampled residents.

Findings Included:

A review of MORs for Resident #1, conducted on , revealed medications not documented as offered to Resident #1, which included the following medications:
- , 0.5mg tablets not documented as offered on at 08:00pm
- Disc60 Inhaler not documented as offered on at 08:00pm
- Flex-touch 100units/ml not documented as offered on at 08:00pm
- , 200mg tablets not documented as offered on at 08:00pm

A review of MORs for Resident #2, conducted on , revealed medication not documented as offered to Resident #2, which included the following medication:
- 3mg tablets not documented as offered on at 08:00pm

A review of MORs for Resident #3, conducted on , revealed medications not documented as offered to Resident #3, which included the following medications:
- 15mg tablets not documented as offered on at 08:00pm
- , 25mg tablets not documented as offered on at 02:00pm

During a review of MORs for Resident #4, conducted on , revealed medication not documented as offered to Resident #4, which included the following medication:

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SUMMARY STATEMENT OF DEFICIENCIES
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- . . . . . Cream 2% 30mg not documented as offered on . . . .

An observation of the Facility's medication pass, conducted on at 11:05am, revealed that Staff A signed Resident #5's . . . . . 0.5mg tablet on the . . . . . date and in the 12:00pm section when Staff A offered this medication to Resident #5.

An observation of the Facility's medication pass, conducted on at 11:15am, revealed that Staff A signed Resident #6's . . . . . 1mg tablet on the . . . . . date and in the 12:00pm section when Staff A offered this medication to Resident #6.

During an interview with the Director of Nursing, conducted on at 11:25am, the Director of Nursing acknowledged and confirmed that Staff A signed medications for Residents #5 and #6 on the wrong day ( ) instead of . The Director of Nursing stated, "Whoever was on the cart yesterday must not have signed." At 02:30pm, the Director of Nursing acknowledged and confirmed the holes or missed documentation on the MORs for Residents #1, #2, #3, and #4.

Class III