STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	R 08/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYTREE LAKESIDE	**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 second revisit to . . . . . and . . . . . complaint survey ((CCR#2018003103, 2018002208 & 2018000692) was conducted on in conjunction with a revisit to . . complaint survey (CCR#2018005790) and an Extended Congregate Care Monitoring. The facility had deficient practice related to the revisit and is required to continue to contract with a Pharmacy consultant.

(License # 6773)

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review and interview, the Facility failed to follow all required steps, including reading medication labels allowed when assisting residents with self-administration of medications for three Resident (#5, #6, and #7) of three sampled residents who need assistance with self-administration of medication.

Findings Included:

During an observation of the Facility's medication pass, conducted on beginning at 11:05am, Staff A did not read four medication labels aloud to Resident #5. Staff A assisted Resident #5 with the ordered medications , 0/5mg, Simethacone 125mg, , 5mg, and . . , . . . , . . 5mg. Resident #5 asked Staff A, "is my . . pill and my . . . pill in there?" Staff A stated, "yes."

During an observation of the Facility's medication pass, conducted on at 11:15am, Staff A did not read one medication label aloud to Resident #6. Staff A assisted Resident #6 with the ordered medication , 1mg.

During an observation of the Facility's medication pass, conducted on at 11:20am, Staff B did not read one medication label aloud to Resident #7. Staff B assisted Resident #7 with ordered glucose testing and Flex-touch Pen . Staff B setup Resident #7's glucometer machine and after Resident #7 pricked their own finger, Staff B obtained the . . . in the glucometer strip. Staff B obtained the correct but did not compare the medication label with Medication Observation Record. Staff B place the syringe tip on the . . pen and dialed the . . to the correct dosage. The

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SUMMARY STATEMENT OF DEFICIENCIES
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Director of Nursing, present at the time, stated to Staff B, "aren't you forgetting something?" Staff B stopped, went over to the medication cart and opened Resident #7's Medication Observation Record and appeared to compare medication label to the Medication Observation Record. Staff B handed the pen to Resident #7 who self-injected the with prompting by Staff B

During an interview with the Director of Nursing, conducted on at 02:30pm, the Director of Nursing acknowledged and confirmed that unlicensed staff should read the medication label to the residents when assisting with medications.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review, observation, and interview the facility failed to ensure deficient practice related to medications were corrected as required.

Findings Included:

During a Revisit to a 05/15/18 Complaint Survey (CCR#: 2018005790) in conjunction with a second Revisit to 03/09/18 & 05/15/18 Complaint Survey (CCR#: 2018003103, 2018002208, & 2018000692) in conjunction with an Extended Congregate Care Monitoring Visit, conducted at the Facility on , the Facility continued with uncorrected and recited Class III medication deficiencies.

During the Exit Conference, conducted on at 04:05pm, the Administrator acknowledged and confirmed that the Facility must continue to employ or contract with consultant services of a licensed Pharmacist or a licensed Registered Nurse. The consultant services at a minimum provide for onsite quarterly consultation until the Agency determines that such consultation services are no longer required.

Class III