STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969062	R **10/22/2018**
NAME OF PROVIDER OR SUPPLIER **BAYVUE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2506 LITHIA PINECREST RD** **VALRICO, FL 33596**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of personnel within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment and changes in status, for two (Staff A and B) of five employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of .

A review of the facility's Employee Roster conducted on showed that staff A was not entered in the Employee Roster as required.

During an interview with Staff C conducted on at 1:30 PM it was confirmed that Staff B was not employed at the facility.

A review of the Employee Roster conducted on showed that Staff C did not have an end date on the Roster.

During a phone interview with the administrator conducted on at 2:00 PM they confirmed that Staff B was not employed at the facility. The Administrator was made aware that the Employee Roster had not been updated with initial employment of one Staff A and status change of Staff B. They stated that they would take care of this issue.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

A revisit to a Biennial Survey with Limited Mental Health was conducted at Bayvue Assisted Living on to . Bayvue Assisted Living had deficiencies at the time of the visit.

(License 12895)

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to obtain documentation of a -to- health assessment completed within 60 days before admission or within 30 days after admission, for one Resident (#1) of six sampled residents.

Findings Included:

A record review for Resident #1, conducted on , revealed that Resident #1, with an admit date of , had documenation of a -to health assessment dated .

During a phone interview with the administrator, conducted on at 2:00 PM she confirmed that this information was correct and she would obtain an updated assessment.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to maintain a 6-month file of dated menus.

Findings Included:

A record review conducted on of the dining log revealed that a 6-month log of dated menus were not available for review.

During a phone interview with the administrator conducted on at 2:00 PM, she stated that 6 months of dated menus should be in the dining log book. The administrator was advised that only the dated menus for the month of , were available in the dining book.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **BAYVUE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2506 LITHIA PINECREST RD** **VALRICO, FL 33596**	

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

Class III