STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	R 12/03/2018
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

A revisit to a Complaint (CCR#2018013348 and 2018010469) in conjunction with a complaint survey (CCR# 2018016136) was conducted on at Bayside Terrace (License #6139), an assisted living facility in Pinellas Park, Florida. There were deficiencies identified at the time of the investigation.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to obtain an interdisciplinary care plan between hospice and the facility for 1 resident on hospice (Resident # 11) of the 8 resident records reviewed.

Findings Included:

Resident record review revealed there was no interdisciplinary care plan between hospice and the facility for Resident #11 who started receivng Hospice services on .

Interview with the Director of Nursing (DON) was conducted on at 12:45pm. The DON confirmed there was no interdisciplinary care plan between hospice and the facility for Resident # 11.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the Facility failed to follow the physician's order regarding prescribed medication for one Resident (#4) of 8 records reviewed.

Findings Included:

A review of Medication Observation Records (MORs) for Resident #4, conducted on , revealed that Resident #4 was prescribed , 25milligram by at bedtime. The MOR revealed Resident #4 did not receive the medication 25 out of 30 days in

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Interview with the Director of Nursing (DON) was conducted on at 11:40am. The DON confirmed that based on the MOR, Resident #4 did not received their medications as prescribed.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the Facility failed to file an Adverse Incident Report with the Agency for Health Care Administration for one Resident (#1) who had a which resulted in the transfer to an Acute Care Facility due to the resident's .

Findings Included:

Record review of the facility's adverse incident revealed there was no adverse incident report completed for Resident #1's . Further record review revealed that the facility was cited on for failing to report Resident #1's to the Agency as an adverse incident report and for failing to follow the facility's own policy for incident reporting and assessment. Resident #1 was transferred to an acute care facility following a and subsequently discharged from the facility.

During the entrance conference on at 8:40am, the Administrator confirmed there was no Adverse Incident Report for Resident #1's .

Class III