STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969062	R 01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYVUE ASSISTED LIVING FACILITY LLC	**2506 LITHIA PINECREST RD VALRICO, FL 33596**

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

0000 - Initial Comments

A second revisit to the biennial survey with limited mental health was conducted on at Bayvue Assisted Living Facility. The facility has deficient practice at the time of the visit.
License # 10891

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure at least one staff member who had completed courses in First Aid and ( ) was present in the facility at all times.

Findings Included:

During a record review of staff training on at 4:40pm, it was revealed that the unlicensed staff (Staff A) working alone at the facility during survey did not have documentation of completion of First Aid and training. During an interview with Staff A on at 2:30 PM, she stated that she did not have training in First Aid and .

The administrator stated on at 5:10PM that Staff A was new. The administrator confirmed Staff A was scheduled to work alone on the date of survey.

Class III