STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910590	**05/09/2019**
NAME OF PROVIDER OR SUPPLIER **BEL-AIR HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5550 RIVER ROAD** **NEW PORT RICHEY, FL 34652**	

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

0000 - Initial Comments

A relicensure survey was conducted at the Bel-Air House on . . . . . . The provider had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, one of one staff member observed (D) did not fully adhere to the medication self-administration process with respect to three of three residents (#1; #2; #6) observed for whom medication self-administration was provided.

Findings included:

From approximately 3:10pm to 3:30pm, the following was observed:

Staff D placed Resident #1's , 1 mg into a small plastic cup and brought it to Resident #1. She then gave it to the resident and watched the resident consume the tablet followed by drinking some water. Staff D then documented in the medication observation record (MOR). Staff D next placed Resident #2's , 0.5mg into a small plastic cup, and brought it to the resident. She then gave it to the resident and observed her swallow the drug, followed by a drink of water. Staff D then documented accordingly in the MOR. Finally, Staff D placed Resident #6's /Vit.D, , and , into the same plastic cup and handed it to Resident #6. She then observed the resident consume all three tablets, followed by swallowing some water. Then, Staff D documented in the MOR. At no time was Staff D observed either reading any of the pharmacy labels aloud to any of the residents or telling/explaining what any of the pharmaceuticals were while handing them out to each resident. Interview with the assistant administrator at 4:20pm on provided no explanation for this omission.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, two of three staff sampled (A; B) who had been employed prior to the enactment of the medication training-related regulatory changes, had not received the initial 4 hours of training in assisting with medication self-administration.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910590	**05/09/2019**
NAME OF PROVIDER OR SUPPLIER **BEL-AIR HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5550 RIVER ROAD** **NEW PORT RICHEY, FL 34652**	

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

Although personnel file review during the inspection found 2 hour medication updates from for both Staff A (hired) and B (hired), further review of their records revealed no evidence that a 4 hour class covering assistance with medication self-administration had been obtained by either staff member. Interview with the administrator on at 2:25pm indicated that this documentation had apparently been misfiled.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility had not notified its residents/their representatives within five (5) business days of its emergency power plan implementation.

Findings included:

At approximately 3:20pm on , a copy of the notification of the facility's power plan implementation was requested but never furnished. Interview with the administrator at 3:22pm on revealed that he wasn't fully aware of this requirement and therefore had not sent anything out to the resident families/advocates regarding the facility power plan being implemented.

Class III