STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943041	**05/30/2019**
NAME OF PROVIDER OR SUPPLIER **BAYTREE LAKESIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6411 46TH AVENUE NORTH SAINT PETERSBURG, FL 33709**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to provide proof that individuals that provided personal care to residents and had access to residents' living areas had updated, required level 2 background screenings and were eligible to work in an assisted living facility (ALF) for three (Staff F, Staff G, and Staff H) of six employee records reviewed.

Findings included:

A review of direct care employee records conducted on showed that Staff F was hired on , Staff G was hired on , and Staff H was hired on .

The review of Staff F's record showed that their last level 2 background screening had an eligibility date of (photographic evidence obtained). A review of Staff F's record and the AHCA background screening clearinghouse revealed a break in service from positions that required a level 2 background screening of more than 90 days between - , thus requiring an updated level 2 screening before being hired at the ALF.

The review of Staff G's record showed that their last level 2 background screening had an eligibility date of (photographic evidence obtained). Staff G's record revealed that their last position that required a level 2 background screening ended on .

The review of Staff G's record revealed that their last level 2 background screening had an eligibility date of , requiring a new level 2 background screening (photographic evidence obtained).

An interview was conducted with the Administrator at 3:26 PM on and the lack of proof of eligibility to work in an ALF in Staff F's, Staff G's, and Staff H's was discussed. The administrator agreed that Staff F, Staff G, and Staff H required new level 2 background screenings to work in the ALF.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the Facility failed to ensure that an Attestation of Compliance was signed and included in employee records for three employees (Staff A, B, and C) of three sampled employee records.

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Findings Included:

An employee record review for Staff A, conducted on . . . . . , revealed that Staff' A's record did not include a signed Attestation of Compliance accompanying the employee's background screening (BGS) eligibility dated . Staff A's date of hire was on .

An employee record review for Staff B, conducted on , revealed that Staff B's record did not include a signed Attestation of Compliance accompanying the employee's BGS eligibility dated . . . . . . Staff B's date of hire was on .

An employee record review for Staff C, conducted on , revealed that Staff C's record did not include a signed Attestation of Compliance accompanying the employee's BGS eligibility dated . . . . . Staff C's date of hire was on .

During an interview with the Administrator, conducted on at 02:51pm, the Administrator agreed that Staff A, B, and C's employee records did not include a signed Attestation of Compliance.

Unclassified

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0000 - Initial Comments

A complaint investigation (complaint #2019004282) was conducted at Baytree Lakeside on . . . . . .
The facility had deficiencies at the time of the investigation.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interview and attempted record review, the facility failed to ensure that all residents were treated with consideration and respect and free of . . . . . for one (Resident #1) of six residents sampled.

Findings included:

An interview was conducted with Resident #1 on at 11:01 AM. Resident #1 stated that they were yelled at by a staff member because they drink slowly when being assisted with self-administration of medications.

An interview was conducted with the administrator on /9 at 2:59 PM. The Administrator stated that there was a complaint that Staff G yelled at Resident #1 because the resident was drinking slowly and asked for more water. The Administrator stated that Staff G admitted to yelling at Resident #1..

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Facility failed to keep all centrally stored medication in a locked cabinet, locked cart, or other locked storage receptacle or room at all times.

Findings Included:

During entrance into the Facility, conducted on at 09:30am, the Reception told Surveyors to set up in the usual room that the Surveyors set up in and stated that "yes the door is unlocked". Surveyors entered the room without the use of a key and found five plastic bins, filled with meds (See Photographic Evidence1 and 2).

During an interview with the Administrator, conducted on . . . . . at 09:50am, the Administrator stated that the Receptionist "should have locked the door". Upon request for the delivery invoice, the

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Administrator stated that "there is no delivery invoice, these the monthly cycle fill medications".

An observation conducted on at 11:01am, staff and the Administrator were observed carrying the bins of medications to a secured location. At no time did the Administrator or any other staff attempt to lock the door and secure the medications before 11:01am.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the Facility failed to obtain evidence of a negative examination from a health care provider that was documented on an annual basis and a statement that employees were free from communicable for three employees (Staff A, B, and C) of three sampled staff.

Findings Included:

A record review for Staff A, conducted on , revealed that Staff A's record did not include a one-time statement from a Health Care Provider that the staff was free from communicable . Staff A was hired on .

A record review for Staff B, conducted on , revealed that Staff B's record did not include a one-time statement from a Health Care Provider that the staff was free from communicable . Staff B's record did not include annual evidence that the staff was free from signs and symptoms of from a Health Care Provider. Staff B was hired on .

A record review for Staff C, conducted on , revealed that Staff C's record did not include a one-time statement from a Health Care Provider that the staff was free from communicable . Staff C's record did not include annual evidence that the staff was free from signs and symptoms of from a Health Care Provider. Staff C was hired on .

During an interview with the Administrator, conducted on at 02:51pm, the Administrator agreed that Staff A, B, and C did not have the required one-time statement from a Health Care Provider that the staff were free from communicable . The Administrator agreed that Staff B and C did not have evidence that the staff were free from signs and symptoms of from a Health Care Provider.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview the facility failed to provide direct care staff with the required 2-hours of Pre-service Orientation covering resident rights, the Facility's license type, and the service offered by the Facility prior to interacting with residents. Additionally, the Facility failed to provide in-service trainings within thirty-days of hire for the following for two employees (Staff B and C) of three sampled employees:

- Activities of Daily Living and Behavioral Needs Training (ADLBN)
- Resident Rights and Recognizing , Neglect, and , Training (RR)
- Safe Food Handling and Nutrition Training (SFN)

Findings Included:

A record review for Staff B, conducted on , revealed that Staff B did not have evidence of trainings in the staff employee record for Preservice Orientation, ADLBN, RR, and SFN. Staff B was hired on . Staff B was listed on the current schedule as working.

A record review for Staff C, conducted on , revealed that Staff C did not have evidence of trainings in the staff employee record for Preservice Orientation, ADLBN, RR, and SFN. Staff C was hired on . Staff C was listed on the current schedule as working.

During an interview with the Administrator, conducted on at 02:51pm, the Administrator agreed that Staff B and C did not have evidence of Preservice Orientation, ADLBN, RR, and SFN in their employee records. The Administrator was unable to provide training certificates by the end of survey.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the Facility failed to obtain a complete and updated Health Assessment Form (HAF) as described in Rule 58A-5.0181, Florida Administrative Code for three Residents (#2, #5, and #6) of three sampled residents.

Findings Included:

During an interview with Staff D, conducted on at 10:26am, Staff D stated that the staff felt that Residents #5 and #6 were inappropriate for an Assisted Living Facility and needed a higher level of care.

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A record review for Resident #2, conducted on , revealed that Resident #2's HAF dated 03/2219 did not include the Examiner's address and telephone number, title, or the Examiner's name in legible printed handwriting as required.

A record review for Resident #5, conducted on , revealed that Resident #5's HAF dated stated that Resident #5 had a diagnosis of Left , (unable to move left arm or left) secondary to a and required a "SNF (Skilled Nursing Facility)" and precautions. Resident #5's HAF stated that the resident was bedridden and required total care with all Activities of Daily Living (ADLs) except with eating. Resident #5's HAF stated that the resident had a , to the resident's and had to the resident's inner thighs, required 24-hour nursing or , care, the resident's need could not be met in an Assisted Living Facility (ALF), and required medication administration. Resident #5's HAF did not include required data related to the Examiner, which included the address and telephone number of the Examiner, and the Examiner's name in legible printed handwriting as required. Resident #5's HAF did not include care and services offered or arranged to meet the needs for the resident's required total care needs, , medication administration, or precautions, described on page five of the resident's HAF. Resident #5's Medication Observation Records included initials that unlicensed Medication Technicians gave the resident the resident 's prescribed medications every day through . Resident #5 was admitted to the Facility on . Resident #5 was not admitted to the Facility's Extended Congregate Care (ECC) services or Hospice services prior to the day of survey.

A record review for Resident #6, conducted on , revealed that Resident #6's HAF dated stated that Resident #6 was bedbound and required total care with all ADLs. Resident #6's HAF stated that the resident had a , and required 24-hour nursing or , care. Resident #6's HAF did not include required data related to the Examiner, which included the address and telephone number of the Examiner, the Examiner's title, and the Examiner's name in legible printed handwriting. Resident #6's HAF had no care and services offered or arranged to meet the needs for the resident's required total care needs and inability to make needs know, described on page five of the resident's HAF. Resident #6's progress notes dated stated that when the resident arrived to the Facility, Resident #6 was "unable to make needs known". Resident #6's progress notes dated stated that the resident required "total care with ADLs and feeding [and had] a , ". Resident #6 was admitted into the Facility on and after a hospitalization, Resident #6 returned to the Facility on . Resident #6 was not admitted to the Facility's ECC services or Hospice services prior to the day of survey.

During an observation of Resident #5 and #6's transfer ability, conducted on at 01:54pm,

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Residents #5 and #6 were [illegible] for inability of assistance with transfers and becoming bedbound due to no [illegible] allowed in an ALF setting. Resident #5 had much difficulty assisting with the resident's transfer due to the inability to use left arm and left [illegible] and weakened attempt to assist with right arm and right [illegible]. Resident #6 provided minimal assistance during the transfer while two staff did most of the work lifting the resident out of the wheelchair and into the bed. Resident #6 did not answer questions and was unable to make needs known.

During an interview with the Administrator, conducted on [illegible] at 02:51pm, the Administrator agreed that Resident's #2, #5, and #6's HAFs did not included all required data related to the Examiner and did not include care and services offered or arranged to meet the needs of Residents #5 and #6. The Administrator provided evidence that the Facility admitted Residents #5 and #6 to the Facility's ECC services on the day of survey and stated that the ECC [illegible] Nurse would re-assess Residents #5 and #6 later today. The Administrator agreed that the Facility did not employ nurses to administer medications and stated that the medication administration on Resident #5's HAF was incorrect. The Administrator agreed to have [illegible] services come into the Facility and teach staff how to transfer Residents #5 and #6 safely.

Class III