Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963958	A. BUILDING: _____ B. WING _____	R 08/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE TERRACE	9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to Complaint survey(complaint #2019009838) was conducted in conjunction with a complaint survey (complaint #2019008012 and 20190010812) at Bayside Terrace Assisted Living Facility on . The facility had deficient practice identified at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the	{A 025}		

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{A 025}	Continued From page 1 resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to contact residents' health care provider, resident's family, guardian and health care surrogate if the resident exhibits a significant change in condition for 3 of 3 (Resident #1, #2 and #3) resident records sampled. Findings included: A record review conducted on of the facility in-house incident reports revealed the facility failed to contact Residents #1, #2 and #3s' health care provider, resident's family, guardian and health care surrogate after Residents #1, #2 and #3 had a significant change in condition ( ). During an interview conducted on at 12:58pm, the Director of Nursing confirmed that the facility did not contact Resident #1, #2 and #3s' health care provider, resident's family, guardian and health care surrogate after Residents #1, #2 and #3 had a significant change	{A 025}		

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{A 025}	Continued From page 2 in condition ( ). The Director of Nursing stated, "All residents' families and/or guardian and physician should have been notified when they go out." During an interview conducted on at 1:24pm, both the Administrator and Director of Nursing confirmed that the facility did not contact Resident #1, #2 and #3s' health care provider, resident's family, guardian and health care surrogate after Residents #1, #2 and #3 had a significant change in condition ( ). The Administrator stated, "I don't know why they didn't chart." Class III	{A 025}		