

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966786	(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER Bee Home, Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 710 Debra Lynne Drive Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014000591, was conducted on

The Bee Home, ALF had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon record review & staff interview, the facility failed to demonstrate they were monitoring the general well-being & health of 1 (#2) of 2 residents records reviewed.

Findings include:

A. A review on of the record for resident #2 admitted on revealed that the weight record for this resident reflected a weight loss of 24 lbs. the past year.

The resident has a recorded height of 4'11".

In 2013 the recorded weight was 110#, 2013 weight noted to be 102#, 2013 the weight recorded was 101#, 2013 the weight was noted as 98#. On the day of this visit the residents weight was taken and found to be 88#.

It was also apparent at the time this weight was taken at the facility on that the facility management did not know how to balance the scale prior to weighing residents. The scale weight was not adjusted to "0" until instruction to management was given by the surveyors.

The residents record and weight log did not reflect that the facility initiated any intervention such as contacting the residents health care provider concerning the noted weight losses. At the time of this visit the administrator made contact with the residents health care provider to request a consult.

B. During this visit and observation of the noon meal it was revealed that resident #2 was monitored closely during meal times. Staff were observed (12:00 noon) they were concerned the resident may choke since the resident ate to quickly and shoveled large volumes of food in her mouth. The resident was frequently prompted to eat slowly.

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A review of the residents record revealed no documentation in the form of observation or progress notes of this residents behavior & concerns of eating too quickly or the interventions recommended during meal times.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed to ensure they had an up to date substitution log.

Findings include:

During a observation of the noon meal, the menu called for oven baked fish, green beans, tossed salad, garlic bread, fresh fruit and low fat milk.

The administrator was preparing rice and baked beans to add to the menu for the resident that did not like the green beans.

A review of the facility menu substitution log revealed the administrator did not post the additions or changes prior to serving the noon meal. The residents did not know of the selections or changes prior to it being served.

Some residents were served green beans and others were served baked beans.
One resident received rice with green peppers and onions.

During an interview on at approximately 1:30p.m. The administrator confirmed she was not keeping the substitution log up to date.

A review of the substitution list kept on file only had one item listed for 2014 and the only other list available was dated 2012.

Class III

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0161-Records - Staff 58A-5.024(2) FAC

Based upon record review and interview, the facility did not ensure 1 (#A) of 4 sampled personnel records contained documentation of freedom from communicable _____ including _____.

Findings include:

During record a record review on _____, it was revealed employee A who was hired _____ and provided direct care did not have a statement from a health care provider that he was free from communicable _____ including _____.

On _____ at approximately 1:00 p.m. during a phone interview with staff A it was confirmed the employee did not have proof of having a negative _____ test. He did not have a statement of free from communicable _____ including _____. Employee A stated because it was his day off he would have the test completed that day.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bee Home, ALF
710 Debra Lynne Drive
Brandon, FL 33511

Dear Administrator:

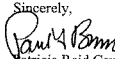
Re: CCR# 2014000591

This letter reports the findings of a complaint survey that was conducted on . 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

