

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966786</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>11/05/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Bee Home, Alf</b>                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>710 Debra Lynne Drive<br/>Brandon, FL 33511</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**List of Tags Cited:**

St - A - 0000 - Initial Comments  
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D  
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

**Specific Tag Findings:**

**Assisted Living Facility**

A complaint investigation CCR#2014010841, was conducted on . . . . .

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

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**

Based upon record review & interview the facility failed to ensure that 2 (#1 & 5) of 3 residents admitted to the facility were assessed for appropriateness of admission & had a medical examination completed 60 days prior or within 30 days of admission.

**Findings Include:**

1. A . . . . . review of the closed record for Resident #1 admitted on . . . . . revealed the medical examination (AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, . . . . . 2010) on file was dated . . . . . and noted to be for another assisted living facility.

During interview with the on facility management on . . . . . at 11:30 am she verified the only health assessment on file was from the previous facility where the resident resided 8 months prior to admission.

2. A review of the record for Resident #5, admitted on . . . . . revealed there was no health assessment (AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, . . . . . 2010) at all on file indicating that the resident was assessed for appropriateness for admission to an assisted living facility.

**Class III**

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

Based upon record review & staff interview, the facility failed to maintain a written record, updated as needed concerning a change in condition for 3 (#1, 3 & 6) of 3 residents reviewed.

**Findings Include:**

1. A . . . . . review of the closed record for Resident #1 revealed that there was no documentation in the residents record from time of admission on . . . . . until . . . . . when a note indicated a dark circular area was noticed on the resident's hip. Although during interview with facility staff on 11 . . . . . at 10:15 am it was stated that Resident #1 did not routinely eat well & needed a lot of verbal prompting to eat or drink. There were not any progress notes on file regarding these issues. Staff stated they were supposed to document if a resident was not eating well but

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966786</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>11/05/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Bee Home, Alf</b>                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>710 Debra Lynne Drive<br/>Brandon, FL 33511</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

there were no progress notes concerning the residents reluctance to eat. There was no documentation of staff response or attempts to provide frequent encouragement to eat & drink. Further, during the interviews both direct care staff & management said the resident was seen by a health care provider and physical . The record contained no progress notes concerning the reason or frequency of these visits.

2. A review of the record for Resident #3, admitted to the facility on . with an admission height of 4 ft. and wt. of 86 lbs. revealed no documentation on file concerning the residents weight loss of 6 lbs., from 88 lbs. in 2014 to 82 . on . A weight of 85 lbs. was taken on the day of this visit of . A review of the progress notes on file from the health care provider dated, . revealed the resident was to have been started on Ensure three times daily. According to staff interview about 2 pm, she was not aware the resident was to receive Ensure three times daily. The facility did not have documentation on the resident's medication record or in the progress notes that the resident was receiving the Ensure as ordered by the physician.

3. A review of the record for Resident #6 revealed a 40 lb. weight loss from (220 ) to 11 (180 ). While management stated during an interview about 4 pm that the health care provider was monitoring the resident's condition & weight loss but there were not any facility progress notes on file concerning the residents weight loss. Per staff interviewed, the resident would frequently chew her food but then spit it out. In addition, a review of the health care provider's progress notes reflected that on . a follow-up was conducted due to the residents recently being sent out to hospital for a . event of threatening other residents & staff. The facility had not documented any progress notes about this event.

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

, 2014

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

**RE: CCR #2014010841**

Dear Administrator:

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 after 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 at 727-552-2000.

Sincerely,

  
Patricia Reid Cauffman  
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form,

St. Petersburg Field Office  
525 Mirror Lake Drive North, Suite 410 A  
St. Petersburg, FL 33701  
Phone:(727) 552-2000; Fax:(727) 552-1162  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida