

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966786	(X3) DATE SURVEY COMPLETED 01/27/2015
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 - 0000 - - Initial Comments
St - A - 0001 - 429.256 Fs, 58a-5.0131 Fac - Definitions S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

Assisted Living Facility

A Biennial survey was conducted on

A Revisit to an 11/5/14 complaint survey was conducted in conjunction with the Biennial survey. (The deficiencies were corrected..)

The Bee Home Assisted Living Facility had deficiencies at the time of the visit.

0001-Definitions 429.256 FS, 58A-5.0131 FAC

Based on interview, observations and a review of facility records, the facility admitted and retained residents above their licensed capacity.

Findings Include:

During the entrance conference with the Co-Administrator at 9:30 A.M. on, she stated that the current census in the facility was 6. 4 residents were observed in the facility at the time of the visit (3 males and 1 female). The Co-Administrator stated that one of the residents observed in the facility was a Day Care resident. (Resident #2), who attends Monday through Friday from 8:00 A.M. till 5:00 P.M. and on occasional weekends. She stated there are 4 male residents and 2 female residents.

She stated that one male resident (Resident #7) was visiting his mother and sister and has been gone for about 2 weeks, but has not been discharged. She also stated that one female resident (Resident #6) was just taken to the hospital. Another female resident (Resident #3) was at a medical appointment.

During a tour of the residents', pictures belonging to Resident #2 (the Day Care resident) were observed next to a bed in the 2 female residents', When asked why they would be there, the Co- Administrator stated that she just hasn't taken them home yet and that she used to be a resident in the facility.

An interview was conducted with Resident #2 at approximately 10:30 A.M. She stated that she "lives here", and does not go home at 5:00. She also stated that she sleeps in the Administrators office and doesn't know where she will sleep tonight. She stated her "stuff is still in that" but that she doesn't sleep there.

An interview was conducted with Resident #2's family member at 12:15 P.M. on, She stated that Resident #2 does live in the facility and has lived there for 2 years. She is not a Day Care resident.

An interview was conducted with Staff A at 1:00 P.M. She stated that Resident #2 sleeps in the office.

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An interview was conducted at 1:30 P.M. with Resident #3 who is the other female in the facility. She stated that Resident #2 used to sleep in the same room as her but that now Resident #6 sleeps there.

At 2:05 P.M. the Co-Administrator stated that she needed to be honest and stated that Resident #2 is not a Day Care resident and that she sleeps in the staff lounge that staff sleeps in the office. She admitted that the census in the facility is 7 residents. She admitted a male resident and had to change around. She is anticipating that Resident #6 (the other female resident) will not return from the hospital and that Resident #2 can return to her room. At the present time, only 5 residents are physically staying in the facility because one is in the hospital and the other is visiting with relatives.

CLASS III

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

Based on interviews and observations, the facility failed to ensure that 2 of 7 resident (Resident #1 and Resident #5) may retain their personal property in their immediate living quarters.

Findings Include:

Resident #2 is sleeping in a room for staff. Her personal belongings including family portraits and wall hangings are displayed in the room. Resident #3 and Resident #6. Resident #2 confirmed through interview at 10:30 A.M. that her "stuff is still in that room" and that she sleeps in "the office" in a bed.

During an interview with Resident #4 at 3:10 P.M. on 1/27/15, he stated that the pictures on the wall in his room are to Resident #5 and that no one else sleeps in the room with him. Resident #5 could not be interviewed, but Resident #1 verified that Resident #5 does sleep in the room with him (Resident #1) and that he has no personal belongings in there that he knows of.

CLASS III

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

Based on interviews and observations, the facility failed to ensure that discontinued medications, expired medications, and medications of residents who no longer reside in the facility, were properly disposed of or returned to the resident. In addition these medications were not stored securely.

Findings Include:

During a tour of the facility at approximately 3:30 P.M. on 1/27/15, a large plastic container was observed in the garage located off the staff sleeping quarters. In order to enter the garage, you must enter the staff quarters, open the door that goes in to the garage. The door was unlocked. Observed in a large plastic container in the garage were approximately 80 punch cards and/or boxes/packs of medications.

Some of the medications observed were;

1. 5-325 dated 1/27/15 and approximately 10 boxes/packs of 125 mg dated 1/27/15 labeled for a resident who was discharged on 1/27/15.

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floxacin . . . 500 dated . . . I for a resident who had been discharged on . . . I
 . . . 0.5 mg 3 full . . . packs for a resident who was discharged on . . .
 . . . dated . . . 50 mg, dated . . . la 4 mg dated . . . All are expired and
 belong to Resident #2 who resides in the facility.

CLASS III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

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

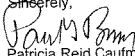
Dear Administrator:

This letter reports the findings of a Biennial state licensure survey that was conducted on . 2015 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/clt
Enclosure: State (5000-3547) Form

