

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966786	(X3) DATE SURVEY COMPLETED 08/31/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015007804, was conducted on 1/1.

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

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to keep centrally stored medications in a locked cabinet, locked cart, or other locked storage receptacle, area at all times for 4 out of 4 residents sampled (Residents #1, #2, #4 and #5). The facility failed to properly dispose of expired medications within 30 days of being determined expired or upon the resident's discharge from the facility for 3 of 3 (#6, #7, and #8) sampled discharged residents.

Findings include:

On 1/1 at 1:00 PM medications were observed in an unlocked closet in the unlocked office. The Administrator and Co-Administrator were observed as they both left the office failed to lock the office at any time during the day, leaving the office and accessible. Medications were observed for the four current residents: Residents #1, #2, #4, and #5.

On 1/1 at 1:00 PM medications were observed in an unlocked cabinet in the kitchen. One medication for Resident #7, was filled and expired. Per the admission discharge log, the resident was discharged to a nursing home on 1/1. A 3-pack of syringes/needles for Resident #8 was also located in the unlocked cabinet. Per the admission discharge log, Resident #8 was discharged to a nursing home on 1/1. One medication for Resident #6, 2% cream, was observed in the unlocked closet in the office. The medication was filled on 1/1 and expired on 1/1.

On 1/1 at 2:52 PM during an interview conducted with the Administrator, he stated the medications that are kept in the unlocked closet in the office are overstock. The Administrator stated Resident #6 is no longer a resident in the facility. A moment later the Administrator stated Resident #6 had 1/1. The Administrator was not sure why they had expired medication belonging to the resident in the facility. The Administrator stated they have had the overstock medications in the unlocked closet for years. He stated they lock the office door. The Administrator then admitted they had left the office numerous times during the day and had never closed or locked the office door. In a continued interview with the Administrator regarding the medications stored in the unlocked kitchen cabinet, the Administrator stated the surveyor would have to speak to the co-administrator because "that's her

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cabinet. " He did not know why expired medication was stored for Residents #7 and #8, two residents who were no longer in the building.
Class III

0093 Food Service - Dietary Standards

Based on observation and record review, the facility failed to keep a 3-day supply of nonperishable food in the facility for the current census for 2 of 2 residents (Residents #1 and #2) and 1 of 1 day care participants (#3).

Findings include:

On 8/31/15 at 12:28 PM an observation was made of the emergency food supply. The facility had 5 gallons of water and four boxes of nonfat dry milk. There was a can of cream of , one can of evaporated milk, one can of fruit, a half empty jar of peanuts, a jar of peanut butter, and two other cans of food (photographic evidence obtained)

On 8/31/15 at 12:28 PM an interview was conducted with the Administrator. The Administrator stated it used to be very organized and that he used to have an emergency food supply. The Administrator stated it was the staff's fault and they must have been using the food for the daily meal preparations. The Administrator stated he was disgusted that he had allowed it to " get out of hand. " The Administrator agreed there was no emergency food supply, and that there was not a current 3-day supply of food in the building.
Class III

0120 Fiscal - Financial Stability

Based on interview and record review the assisted living facility failed to operate under a sound financial basis in order to meet the needs of 2 of 2 sampled residents (#1 and #2) and 1 of 1 day care participants (#3). The facility also failed to report adverse court actions against the facility which resulted in a foreclosure of the property. The facility also failed to maintain business records that identified the facility accounting procedures.

Findings include:

On 8/31/15 at 9:20 AM during the facility tour the assisted living facility refrigerator and freezer were observed to have very little food. The kitchen pantries contained 4 cans of vegetables, 5 cans of fruit, 1 can of chicken and dumplings, 2 cans of Vienna sausages, 1 can of tuna and 1 small bag of instant mash potatoes. (Photos obtained)

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On 8/31/15 at 9:20 AM an interview was conducted with the assisted living facility Co-administrator. The Co-administrator stated the previous property owner owned the property and now the bank owns the property. The Co-Administrator stated the property was up for foreclosure but believed the bank bought the property. The co-administrator stated she did think the facility has a lease agreement with the previous property owner and the facility is deciding if the facility is going to lease with the bank or move to the another facility location. On 8/31/15 at 9:59 AM an interview was conducted with the assisted living facility Administrator. The Administrator stated he became aware of the property foreclosure approximately two month ago. The administrator stated the property has gone through the foreclosure process, the property has been sold and Bank of America now owns the property and the property is for sale right now. The Administrator stated the facility did not have a lease agreement with the bank. On 8/31/15 at 12:26 PM an interview was conducted with an Attorney from Bank of America National Association. The Attorney confirmed that the assisted living facility property was foreclosed on and the bank obtained the certificate of title on 8/31/15. The Attorney stated the bank was not notified that a business was being operated from the property. On 8/31/15 at 1:10 PM an interview was conducted with the Co-Administrator. The Co- Administrator stated she and the Administrator use their personal bank account as well as the facility account to pay bills for the assisted living facility. The Co-Administrator stated when there is no money in one account she or the Administrator will transfer money to and from the facility account and their personal bank account. The Co-Administrator stated there is probably no money in the facility account now because it is the end of the month. Stated the facility account is sometimes negative if no money is transferred into the account. The Co-Administrator stated the water, phone and electric bills were not paid as of 8/31/15 and she was waiting until the beginning of 9/1/15 when the money came in to pay the bills. The Co-Administrator admitted that she was a month behind on the electric bill. On 8/31/15 at 1:28 PM an interview was conducted with the Administrator. The Administrator stated he was unable to provide any accounting of the funds received and the assisted living expenses. The Administrator stated he does not keep an accounting of what bills are paid and stated the facility is a "mom and pop" facility and does not have accountants keeping their books. The Administrator admitted to using personal account to pay facility bills and stated, "we are just sloppy" and there is no purpose for the use of the personal account. A record search of the Hillsborough County Clerk of Court website revealed a "Notice of Lis Pendens" dated 8/1/15, 2010 notifying the property owner and "unknown tenant in possession of the property" of foreclosure action being taken against the facility property. Further search results revealed the facility property was sold in auction on 8/31/15 and bought by US Bank National Association Trustee on 8/31/15. On 8/31/15 a review of the assisted living facility utilities bills revealed the following bills per past due: 1. Hillsborough County Water bill in the amount of 67.93 with a due date of 8/31/15 2. Verizon phone bill in the amount of \$104.22 with a due date of 8/31/15		

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3. Tampa Electric bill showing a past due balance of 297.50 and new charges of 271.61 totaling \$561.11.

A review of the assisted living facility bank stated dated 1/1/15 revealed an opening balance of \$4.62. The account immediately went into negative balance on 1/1/15 with a negative balance of -\$116.59. On 1/1/15 the ending balance of the account was -\$13.06. Total overdraft fees incurred in the 1/1/15 cycle totaled \$37.00. The total year to date overdraft fees totaled \$483.00.

A review of the assisted living facility bank statement dated 1/1/15 revealed an opening negative balance of -\$109.27 on 1/1/15. On 1/1/15 the account had a negative balance of -\$17.15 and continued to be negative through 1/1/15 with an ending balance of -\$113.36. The total overdraft fees incurred in the 1/1/15 cycle totaled \$79.00. The year to date total over draft fees incurred totaled \$562.00.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 11, 2015

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

RE: CCR# 2015007804

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on September 11, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than September 22, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

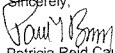
The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. 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.

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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 Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547