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
	AL11942985	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TREE MANOR	10476 131ST STREET LARGO, FL 33774

(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 Assisted Living Facility A complaint survey, CCR# 2012013296, was conducted on [redacted]. The Pine Tree Manor, assisted living facility, had a deficiency found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor 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 individual. (c) General awareness of the 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	A 025		

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A 025	Continued From page 1	A 025		

administration, or other changes which 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 maintain a general awareness of the resident's whereabouts on 1(#3) of 3 sampled residents.

Finding include:

During an interview conducted with Staff #B on at 12:05 p.m. The staff member stated that on , at approximately 8:00am, Resident #3 informed the facility that he was going to a nearby Congressman's office to discuss an issue. Staff #B also stated that shortly before 11:00 a.m. on she took a call from the Congressman's office informing them that the resident was ready to return to the facility. Staff #B stated that the Administrator was then contacted on his cell phone and given this message.

On , at 9:30 a.m. an interview with the administrator was conducted. He stated that he was at a different location assisting another resident and was unable to leave to pick up resident #3. He also stated he returned to the facility and was informed that resident #3 had not returned. He stated he gave a verbal order for the night shift to call him upon the resident's return. No one from the facility followed up on the resident's whereabouts until the morning of at which time according to the Administrator, Resident #3's family was notified. A review of the resident's file revealed that the residents brother was contacted "before breakfast". The Administrator indicated during the

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A 025	Continued From page 2 interview that he called the Sherrif's Office around 12:00 p.m. on to report that Resident #3 was missing. When questioned if the resident had a history of staying out overnight from the facility without the facility knowing about it the administrator stated ' No. " When asked in the past what is the longest time the resident stayed out of the facility on his own, he indicated that he was not sure but said it was less than 12 hours. As of the date of the survey, , Resident #3 had still not returned to the facility and his whereabouts remained unknown. On at approximately 2:50 p.m., The Administrator phoned the Agency Field Office Supervisor to inform the Agency, that the local Sheriff's Office had contacted the facility to let them know that Resident #3 had been located and was confirmed . The Administrator informed the Field Office, that the Sheriff's Office reported that Resident #3 was located in a wooded area off the road, in the vicinity of the last known location. The failure of the facility to follow up when the resident did not return by the evening of allowed the resident's whereabouts to be unknown for a period of over one week.	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Pine Tree Manor
10476 131st Street
Largo, FL 33774

Re: CCR# 2012013296

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiency **within ten calendar days of receipt of this mailed report. The deficiency shall be corrected no later than , 2013.**

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosures: State Form 3020 & Instructions

Headquarters
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