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
	AL11911310	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES GOLDEN AGE CENTRE	5030 CUB LAKE DRIVE APOPKA, FL 32703

(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 conducted Extended Congregate Care ECC monitoring visit. The ALF had deficiencies found at the time of the visit.	A 000		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility.	A 081		

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A 081	Continued From page 1 2. Recognizing and reporting resident abuse, and exploitation. Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 sampled staff (Staff B) who provided direct care received within 30 days of employment training in safe food handling, facility emergency procedures and evacuation training and training in resident elopement policy and procedures.	A 081		

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A 081	Continued From page 2 Findings: Review of personnel files for Staff B hired on revealed there was no documentation to indicate they had the following training within 30 days of employment in facility emergency procedures and evacuation training, safe food handling and training in resident elopement policy and procedures. Interview with the administrator on at approximately 12 PM who stated she had the training and she did not make certificates. Class III	A 081		
A 082	58A-5.0191(3) FAC Training - (3) Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 sampled (Staff A) completed a one-time education course on and including the topics prescribed in the Section 381.0035, F.S. within 30 days of	A 082		

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A 082	Continued From page 3 employment. Findings: Review of personnel files for Staff A hired on ..... revealed there was no documentation to indicate they had completed an education course on within 30 days of employment. Interview with the administrator on at approximately 12 PM who stated she had the training and she did not make the certificate. Class III	A 082		
A 083	58A-5.0191(4) FAC Training - First Aid and ..... (4) FIRST AID AND CARDIOPULMONARY .....staff member who has completed courses in First Aid and CPR ..... holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or CPR ..... offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Heart , or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and CPR. This Statute or Rule is not met as evidenced by:	A 083		

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A 083	Continued From page 4 Based on record review and interview the facility failed to ensure 1 of 3 sampled staff (Staff B) who worked alone, had completed a current [redacted] course and First Aid course. Findings: Review of personnel files revealed Staff B, who worked alone on the 7 PM to 8 AM shift, did not have documentation of completion of a current [redacted] and First Aid course. The [redacted] card expired in [redacted] 2012 and the First Aide expired on [redacted]. Interview with the administrator on [redacted] at approximately 12 PM who stated the staff did not have a current [redacted] and First Aid card. Class III	A 083		
A 086	58A-5.0191(9) FAC Training - ADRD (9) [redacted] AND RELATED [redacted] ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 434.4.6 of the Florida Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between [redacted], 1998 and [redacted] 2003 shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection will be considered as having met this	A 086		

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A 086	Continued From page 5	A 086		

requirement. " Staff who have regular contact " means staff who interact on a daily basis with residents but do not provide direct care to residents. Initial training, entitled " s and Related Level I Training, " must address the following subject areas:
1. Understanding and related
2. Characteristics of
3. Communicating with residents with s
4. Family issues;
5. Resident environment; and
6. Ethical issues.
(b) Staff who have received both the initial one hour and continuing three hours of ADRD training pursuant to Sections 400.1755, 429.917, and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training.
(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " s and Related Level II Training, " within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these :
1. Behavior management;
2. Assistance with ADLs;
3. Activities for residents;
4. Stress management for the care giver; and
5. Medical information.
(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection can be found in the document

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A 086	Continued From page 6 " Training Guidelines for the Special Care of Persons with ... 's ... and Related ... " dated ... 1999, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under Section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by Section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under Section 429.178, F.S., within three (3) months of employment. " Incidental contact " means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor ' s degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with ... ' s ... or related ... ; or 2. Three years of practical experience in a program providing care to persons with ... ' s ... or related ... ; or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with ... ' s ... or related ...	A 086		

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A 086	Continued From page 7 (h) With reference to requirements in paragraph (g), a Master ' s degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor ' s degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 3 sampled direct staff (Staff A & B) had 4 hours of education/annual training in and Related (ADRD) and an additional 4 hours of, ADRD Level II training by an approved provider. Findings: Review of the facility's business card revealed they provided special care for . Review of personnel files revealed staff A that was hired on and had direct contact and provided direct care to residents did not have documentation that she had received ADRD training. Review of personnel files revealed Staff B, who was hired on revealed 4 hours of ADRD training on signed by the administrator. There was no documentation of ADRD training since that date. Interview with the administrator on at approximately 12 PM who stated she was not an approved trainer for ADRD and was not aware she needed a provider number to provide the	A 086		

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A 086	Continued From page 8 training. Class III	A 086		
A 090	58A-5.0191(11) FAC Training - Do Not . . . . . : Orders (11) . . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding . . . . . within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding . . . . . within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure currently employed direct care staff received at least one hour of training in the facility's policies and procedures regarding . . . . . within 30 days of employment for 2 of 3 sampled staff (Staff A & B). Findings: Review of employee files revealed Staff A, who was hired in on . . . . . and Staff B, who was hired on . . . . . and provided direct care, did not	A 090		

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A 090	Continued From page 9 have documentation to review to indicate they had received at least one hour of training in the facility's policy and procedures regarding . . . . . consisting of the information included in Rule 58A-5.0186, F.A.C. Interview with the administrator on . . . . . at approximately 12 PM who stated they had the training and she did not make certificates. Class III	A 090		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a	A 162		

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A 162	Continued From page 10 therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for [illegible] Form, CF-ES 1006, [illegible] 1998, if the resident is an [illegible] recipient. The absence of this form shall not	A 162		

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A 162	Continued From page 11	A 162		

be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure

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A 162	Continued From page 12 from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure health care provider's orders were obtained for 1 of 1 sampled residents (#1). Findings: Interview with Staff A on 3/2[illegible] approximately 9:20 AM who stated there were no residents on Extended Congregate Care (ECC), she stated there was one resident who had a feeding tube that was not being used and she was eating a pureed diet. Review of the Assisted Living Facility health assessment 1823 dated 6/2[illegible] diagnoses of failure [illegible] expressive aphasia. Observation on 3/2[illegible] approximately 9:40 AM revealed the resident had a peg [illegible] in place. There was no documentation to review to indicate the physician had written an order for a pureed diet. Interview with the administrator on 3/2[illegible] approximately 12 PM who stated she did not have a physician's order for the resident.	A 162		

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A 162	Continued From page 13 Class III	A 162		
AE207	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity. (a) An extended congregate care program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan. (b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan: 1. Total help with bathing, dressing, _ and toileting; 2. Nursing assessments conducted more frequently than monthly; 3. Measurement and recording of basic vital functions and weight; 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output; 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider ' s order. If the individual needs assistance with self-administration the facility must inform the	AE207		

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
	AL11911310	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES GOLDEN AGE CENTRE	5030 CUB LAKE DRIVE APOPKA, FL 32703

(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
AE207	Continued From page 14 resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section 429.256, F.S.; 6. Supervision of residents with and 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes; 8. Provision or arrangement for rehabilitative services; and 9. Provision of escort services to health related appointments. (c) Licensed nursing staff in an extended congregate care program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility ' s written policies and procedures, and the nursing services are: 1. Authorized by a health care provider ' s order and pursuant to a plan of care; 2. Medically necessary and appropriate for treatment of the resident ' s condition; 3. In accordance with the prevailing standard of practice in the nursing community; 4. A service that can be safely, effectively, and efficiently provided in the facility; 5. Recorded in nursing progress notes; and 6. In accordance with the resident ' s service plan. (d) At least monthly, or more frequently if required by the resident ' s service plan, a nursing assessment of the resident shall be conducted.	AE207		

Agency for Health Care Administration

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AE207	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure they had accurate written physician orders for site care, completed nursing progress notes each time the service was delivered, nursing assessment completed monthly and the Service Plan for 1 of 1 sampled residents (#1) who received Extended Congregate Care services. Findings: Interview with Staff A on at approximately 9:20 AM who stated there were no residents on ECC, she stated there was one resident who had a feeding tube that was not being used and she was eating a pureed diet. Review of the Assisted Living Facility health assessment 1823 dated stated diagnoses of and expressive aphasia. Observation on at approximately 9:40 AM revealed the resident had a tube in place. Interview and observation with ECC nurse/administrator on at approximately 9:40 AM who stated there were no residents on ECC. She also stated resident # 1 had a tube and that she was not receiving feedings. The nurse was observed providing care to the tube site. The area was cleansed with cleaner and moisturizer with a gauze sponge, applied dry dressing and tape to tube site. There was no documentation to review to indicate the physician had written an order for tube site care or to discontinue tube feedings.	AE207		

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AE207	Continued From page 16 There was no documentation to indicate progress notes were written each time care was provided to the tube site, monthly nursing assessments were conducted and the service plan was updated quarterly. The service plan was dated Interview with ECC nurse/administrator on 3/2[illegible] approximately 9:40 AM who stated there were no residents on ECC. On 3/2[illegible] approximately 12 PM she stated she was not aware the resident needed to still be on ECC. Class III	AE207		
AE208	58A-5.030(9) FAC ECC - Records (9) RECORDS. (a) In addition to the records required under Rule 58A 5.024, F.A.C., an extended congregate care program shall maintain the following: 1. The service plans for each resident receiving extended congregate care services; 2. The nursing progress notes for each resident receiving nursing services; 3. Nursing assessments; and 4. The facility ' s ECC policies and procedures. (b) Upon request, a facility shall report to the department such information as necessary to meet the requirements of Section 429.07(3)(b)9., F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have ECC policies and procedures available for review.	AE208		

Agency for Health Care Administration

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AE208	Continued From page 17 Findings: Facility record review revealed there was no documentation to indicate they had ECC policies and procedures. Interview with the administrator on at approximately 12:15 PM who stated she was unable to locate the ECC policies and procedures. Class III	AE208		
AE210	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency Test. (7) EXTENDED CONGREGATE CARE TRAINING. (a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility ' s receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , 1998, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the extended congregate care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, or social needs of frail elderly and persons, or persons with s or related	AE210		

Agency for Health Care Administration

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AE210	Continued From page 18 (c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 sampled direct care staff completed at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. Findings: Review of personnel files revealed Staff A, caregiver with date of hire , did not have documentation of completion of 2 hours of ECC training within 6 months of employment that was provided by the facility administrator or the ECC supervisor. Interview with the ECC supervisor/administrator on at approximately 12:15 PM who stated the staff had the training and she did not make a certificate. Class III	AE210		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Pine Acres Golden Age Centre
5030 Cub Lake Drive
Apopka, FL 32703

Dear Administrator:

Re: ECC monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 **2013,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998