STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	08/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pine Crest Manor	2835 Cr 220 Middleburg, FL 32068	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= A
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= A
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial and Limited Mental Health Survey was conducted at Pine Crest Manor on [redacted] and [redacted] Deficient practice was identified at the time of the survey.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interview the facility failed to provide on going scheduled activities six (6) days a week for at least 12 hours a day for 2 of 9 residents residing in building #2. (#1 and #3)

The findings include:

1. On [redacted] at approximately 8:45 a.m. a tour of building #2 was conducted. At the time of the tour, there were five female residents observed sitting in front of the TV watching the TV Guide channel. At the time of the tour, there was no activity calendar posted for the residents in building #2 . At 9:48 a.m. Residents in building #2 were observed sitting in the common area watching TV. At approximately 10:26 a.m. and approximately 10:40 a.m. Residents in building #2 were observed in the common area watching TV. At 11: 06 a.m. Residents in building #2 were observed having lunch. At approximately 2:30 p.m. Residents in building #2 were observed watching TV in the common area. At 3:15 p.m. Residents were observed in the common area watching TV.

2. On [redacted] at approximately 10:00 a.m. Resident #1, who lived in building #2, was interviewed. Resident #1 reported the facility did not offer activities for her. When asked about the facility activities, Resident #2 stated, "They (the facility) offer nothing." Resident #2 stated, "We sit in our chairs all day long." Resident #2 stated she would like for the facility to offer card games for her to play.

3. On [redacted] at approximately 11:45 a.m. Resident #4 was interviewed. Resident #4 stated her activities consist of, "pretty much [watching] TV." Resident #4 stated, "The reason they (staff) don't have activities is because they're (Residents in her building) not here mentally, sweetie."

4. On [redacted] at 2:05 p.m. Staff B was interviewed. Staff B confirmed residents in building #2 were not offered an activity today. She reported the facility offered activities to residents in building #2, "sometimes."

5. On [redacted] at approximately 2:35 p.m. Staff D was interviewed. She reported residents in building #2 were not offered activities six (6) days a week. Staff D reported residents in building #2 watched TV for their activity.

6. On [redacted] at 3:57 p.m. Staff E was interviewed. Staff E reported the facility only offered three (3) to four (4) hours of activities per week for residents in building #2.

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7. On [redacted] at approximately 4:45 p.m. the administrator was interviewed regarding residents' activities in building #2. The administrator stated, "Right now there is really nothing going on over there except for simple ball games, that's all those people can do."

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, the facility failed to establish a grievance procedure for residents to present their grievances to the facility two of seven resident interviewed (Residents #1 and #2).

The findings include:

1. On [redacted] Resident #1 reported she had complaints related to the facility's food, staffing and activities. Resident #1 stated the facility did not respond to her complaints. Resident #1 reported she had made verbal complaints to the owners of the facility. Resident #1 stated she did not know where to file a written complaint.

2. On [redacted] at 10:27 p.m. Resident #3 was interviewed. Resident #3 stated he has had several complaints since moving in to the facility. Resident #3 reported the owner(s) did not respond to his complaints. Resident #3 stated he did not bother making complaints to the owner because, "It (his complaints) go in one ear and out the other."

3. [redacted] at approximately 4:45 p.m. the Administrator was interviewed. The Administrator stated she though the facility had a grievance policy and procedure. At approximately 6:00 p.m. the Administrator confirmed she did not have an established grievance procedure.

4. A review of facility records revealed no information regarding a grievance procedure for residents to present their grievances without [redacted] interference, coercion, discrimination or reprisal.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to post a a menu in a conspicuous location for residents in building #2 to review. The facility also failed to maintain a substitution list as required.

The findings include:

On [redacted] at 8:45 a.m. tour of the facility was conducted. There was no menu posted in building #2 for residents to review.

On [redacted] at 5:52 p.m. an interview was conducted with the Administrator. The administrator stated the menu in building #2 was taken down, because residents would pull the menu off the wall. The administrator was unable to provide the surveyor with a list of menu substitutions for the past six (6) months. She reported she there were substitutions, but there was no list of past substitutions.

Class

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0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, the facility failed to ensure one of three employees reviewed had a references and job description maintained in their employee record as required (Staff C).

A review of Staff C's personnel record revealed Staff C was hired at the facility's sister location on . Further review revealed this employee did not have a position description or references in her record.

On at 5:52 a.m. the administrator was interviewed. She confirmed staff C did not have a job description and references in the employee record.

Class

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on observation and record review, the facility failed to develop an Extended Congregate Care (ECC) service plan for one of one residents receiving ECC services (Resident #1).

The findings include:

1. On at 9:49 a.m. Resident #1 was observed sitting in the common area of building #2 with a nasal cannula in her nose and concentrator by her side (The concentrator was on at the time of the observation). Staff B turned Resident #1's concentrator off and pushed Resident #1 to Resident #1's

2. On at approximately 10:00 a.m. Resident #1 was interviewed. Resident #1 stated she did not put on her own nasal cannula. Resident #1 stated, "I don't put it (nasal cannula) on me, the workers here, do it." Resident # 1 reported the facility staff also turn the concentrator on and off for her. Resident #1 confirmed the Administrator assisted her with her also. Resident #1 added, They do it. I don't have to do anything, but just sit in my chair."

3. On at approximately 6:00 p.m. the Administrator was interviewed. The Administrator reported she requested an order from Resident #1's physician to assist Resident #1 with her with services. The administrator confirmed there is no ECC service plan for Resident #1.

4. A review of resident#1's records revealed on Resident #1 had an order for two (2) Liters of PRN (as needed) via nasal cannula for Further review of Resident #1's records confirmed she did not have a an ECC service plan.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and interview, The facility failed to ensure one of three staff members received the required Limited Mental Health (LMH) training within six (6) months of employment at the facility (Staff C). The facility also failed to ensure two other employees received continuing education in LMH training as required (Staff A and the Administrator).

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The findings include:

1. On A review of Staff C's employee record revealed Staff C was hired on Further review revealed Staff C did not have a record of the initial six (6) hours of LMH training or the (3) hours of updated LMH training as required.

2. On Staff A's employee record was reviewed. The review revealed Staff A was hired on Further review of Staff A's record revealed Staff A completed six (6) hours of LMH training on (before she came to work at this facility). There was no record of Staff A receiving three (3) hours LMH continuing education training biennially.

3. On a review of the Administrator's record revealed the Administrator was hired in 1992. Further review revealed the Administrator received the initial LMH training in 2002. There were no documents in the Administrator's record showing she completed the continuing education training as required in for 2011, 2012, or 2013.

4. On the Administrator was interviewed. The Administrator confirmed Staff C did not receive LMH training. The Administrator also confirmed she, nor Staff C, received their LMH update training. The Administrator stated she did not know where to obtain approved LMH training for her employees and for herself.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Pine Crest Manor
2835 CR 220
Middleburg, FL 32068

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on 2013 by representatives 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 **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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JH/KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054