AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Change Of Pace Ret Center
1715 East Silver Springs Boulevard
Ocala, FL 34470

Dear Administrator:

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

Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

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Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910268	**10/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Change Of Pace Ret Center	**1715 E. Silver Springs Blvd. Ocala, FL 34470**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

On , 2013 an unannounced Abbreviated Biennial Licensure survey with LMH was conducted at Change of Pace Retirement Center located in Ocala , Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time

0084-Training - Assist Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure that 1 (C) of 3 employees received the assistance with self-administered medication and medication management training prior to being left alone with the residents.

Finding:

Review of the employee schedule revealed that employee C works the 11:00 PM through 7:00 PM shift. Review of the employee's training's revealed that he does not have the required medication training.

Interview with the administrator on at 3:00 PM she stated that there are residents who have as needed medications (PRN). Continued interview revealed that the administrator lives five minutes away and she felt that it would give her sufficient time to get to the facility to assist with the medication.

Class III