AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Chambrel at Pinecastle
1801 SE 24th Road
Ocala, FL 34471

Dear Administrator:

Re: CCR #2014002263

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative 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 2014 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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910267	03/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Chambrel At Pinecastle	1801 Se 24th Road Ocala, FL 34471	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced complaint survey CCR #2014002263 was conducted at Chambrel At Pinecastle Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record reviews and interviews the facility failed to update residents 1823 Health Assessment upon significant change in condition for 1 of 6 residents (#6).

Findings:

On a record review was conducted on resident #6 facility records. During the review it was observed the resident log stated on at approximately 4:40 AM resident #6 called for assistance from staff because she woke up and could not see out of her right eye. According to staff resident #6 was asked if she wanted to be sent out to the hospital or be seen by the doctor in the morning, which resident #6 stated she wanted to be the first person on the list to see the doctor when he comes in. At approximately 8:00 AM resident log states the resident went to the hospital emergency her daughter. At 8:00 PM resident #6 returned to the facility and they were informed that resident had a in the right eye and now is in that eye. It was observed that resident #6 last 1823 health assessment was last completed on

On at approximately 1:20 PM an interview was conducted with the facilities physician regarding resident #6 change in condition and if it would be considered significant in nature. The physician stated that resident #6 going in her right eye constitutes a significant change in condition and she should have had a updated health assessment completed.

On at approximately 2:45 PM an interview was conducted with the facility Wellness Director. She was asked why wasn't resident #6 health assessment updated after her going in her right eye on . She stated it was their understanding that they had 30 days to update the residents health assessment after she had significant change in condition.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interviews and observations the facility failed to honor resident rights by not posting the required contact numbers for the Agency for Health Care Administration, The Persons with , and Elder Affairs, for 2 of 149 residents in the facility (2, 3).

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Findings:

On at approximately 11:00 AM an interview was conducted with resident #2, and #3. During the interview they brought up a financial concern regarding a previous facility they lived at. They stated they have contacted the Ombudsman with the concern. They requested the Agency's number incase they want to make a complaint regarding the matter. They were advised that the facility is supposed to have the Agency's number posted, which they said it was not posted as far as they knew.

On at approximately 2:15 PM a second tour of the facility was conducted in search of the required posted numbers. The facility is a three story building with a left and right wing on each floor. It was observed that the only required number that was posted in the facility was the Ombudsman number. The facility had a 8 X 10 framed Ombudsman poster on the first floor left wing. A 8 X 10 framed Ombudsman poster on the second floor in the middle hallway. A 8 X 10 framed Ombudsman poster on the third floor right wing only. No other required numbers were observed posted in the facility.

On at approximately 2:45 PM during an interview with the facility's Wellness Director. She was asked why was the Ombudsman number the only required number posted in the facility. She shrugged her shoulders in an i don't know manner, then asked what other numbers should have been posted.

Class III