STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	03/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Pines Assisted Living	2360 Madrid Avenue S.E. Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services (LNS) monitoring conducted.

The facility had deficiencies found during the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 3 staff (B), who prepared and served food who had not taken the assisted living facility (ALF) core training received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

Findings:

Personnel record review at approximately 2 PM for staff B revealed she was hired in 2013. Continued review revealed no evidence to confirm she received a 1-hour-in-service training within 30 days of employment in safe food handling practices or that she attended ALF Core therefore exempt from the in-service training.

In an interview on at approximately 2:30 PM with the assistant administrator who stated he thought the staff had the in-service-training and needed to search. An opportunity was provided to submit the documentation via electronic mail (e-mail) by the close of business on An e-mail was not received.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 3 sampled personnel records (B), contained a training certificate with all the required criteria.

Findings:

Personnel record review at approximately 2 PM for staff B revealed she was hired in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	**03/26/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Pines Assisted Living	**2360 Madrid Avenue S.E. Palm Bay, FL 32909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2013. Continued review revealed a certificate of in-service training regarding the facility's emergency procedure, including chain- of -command and a certificate of in-service training regarding the reporting of incidents and adverse reports, however the certificates were not dated.

In an interview on [redacted] at approximately 2:30 PM with the assistant administrator who stated he needed to search for the training date. An opportunity was provided to submit the documentation via electronic mail (e-mail) by the close of business on [redacted] An e-mail was not received.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Silver Pines Assisted Living
2360 Madrid Avenue S.E.
Palm Bay, FL 32909

Dear Administrator:

Re: CCR #LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) 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 May 4, 2017 **(Use 30 days from the date of the letter or another date if there was a shorter (or per longer) correction time frame)** 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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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