RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Hidden Pines
1840 SW 31 Avenue
Ocala, FL 34478

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 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 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
	AL11943018	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Pines	1840 Sw 31 Avenue Ocala, FL 34478	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

On unannounced biennial licensure survey was conducted at Hidden Pines Assisted Living Facility in Ocala, Florida. Deficient practice was identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and observations and interviews the facility failed to have a accurate 1823 health assessment for 1 of 3 residents, resident #6, reviewed .

Findings:

On at approximately 12:20 p.m. Staff D was observed assisting resident #6 with his medication. Staff D retrieved the residents medication from a locked medication cart. Then compared the medication label with the medication observation record. then took to the medication to where resident #6 was sitting and gave him his medication.

On a record review was conducted on resident #6 1823 health assessment. It was observed on page 4 section B. which asks if the resident needs help taking their medication and the No was checked.

On at approximately 1:30 PM during an exit interview with the Administrator, she was asked if resident #6 1823 page 4 section B. was filled out correctly. She looked at the health assessment and stated no.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interviews the facility failed to post required numbers for the Hotline, the Agency consumer number, and the number for Advocacy Center for Persons with for 45 of 45 residents.

Findings:

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On at approximately 9:30 a.m. during a tour of the facility it was observed that the required numbers for the Hotline, The Agency Consumer Hotline, and the APD numbers were not posted in the facility.

On at approximately 1:00 p.m. an interview was conducted with the Administrator. The Administrator was asked to show were the required posted numbers were posted. After walking through the facility looking for them and not finding them, she stated the residents must have removed them.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interviews and record review, the facility failed properly assist 1 of 1 residents (resident #6) receiving PRN (as needed) medications with the assistance of the self-administration of medication by allowing an unlicensed employee, Staff D, to provide a PRN medication without a request from a resident and by making a judgment on the resident's condition. The facility also failed to read the medication lable in the prescense of the resident for 5 of 5 residents observed during the medication pass (Resident #6, #15, #16, and #17).

The findings include:

On at 12:15 p.m., Staff D was observed retrieving pills from bubble pack for resident #15, labeled 1 mg tablet by mouth 2 x's daily, morning and 1:00 p.m.; labeled 40 mg tablet by mouth each day with food. Resident #15 was observed seated at table in dining Staff D was observed placing the medications in resident #15 ' s hand. Staff D did not read the label in the prescene of resident #15. Resident #15 was observed taking the pills with water.

On at 12:20 p.m., Staff D was observed retrieving a pill from bubble pack for resident #6. The label read, 1 mg tablet by mouth 3 x's daily PRN (As needed)." Resident #6 was observed seated at table in dining Resident #6 did not make any statement, did not ask for the medication. Staff D was observed bringing resident #6 a cup of water. Staff D was observed handing resident #6 the pill. Staff D was observed to not tell resident #6 what the medication was. Resident #6 was observed taking the pill with water.

On at 12:25 p.m., Staff D was observed retrieving pills from bubble pack for resident #16, labeled 0.5 mg tablet 3 x ' s daily by mouth; 1000 mg tablet 3 x ' s daily by mouth. Resident #16 was observed seated at table in dining Staff D was observed placing the medications in resident #16 ' s hand. Staff D was did not read the label in the precense of the resident #16. Resident #16 was observed taking the pills with drink.

On at 12:30 p.m. Staff D was observed retrieving pills from a bubble pack for resident #17, labeled 1 mg tablet by mouth each morning and at 2:00 p.m. Resident #17 was observed seated at table in dining Staff D was observed placing medication in Resident #17 ' s hand. Staff D did not read the label in the prescene of resident #17.

On at 12:54 p.m., an interview was conducted with Staff D. She stated she is a resident care aide, she is not a Registered Nurse or a Licensed Practical Nurse. She stated, regarding the PRN medication, that resident #6 gets during this time of the day. She stated residents have been taking the same medicines for so long, she does not tell them what she is giving them.

On at 3:19 p.m., an interview was conducted with facility administrator. She stated resident #6's PRN

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prescription is for . She stated resident #6 asks for the medicine, he is one of the first residents there waiting for his medicine.

A record review of resident #6's medication observation record for revealed resident #6 documented medication 1 mg tablet, take 1 tab by mouth 3 times daily as needed for

A review of resident #6's physician's orders revealed an order, dated for resident #6 for 1 mg PO (three times a day) PRN

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observations, interviews and record review, the facility failed to ensure that 1 of 3 staff, Staff C, had the required documentation on an annual basis of a negative examination.

The findings include:

On at 7:50 a.m., Staff C was observed working at the facility, at the medication cart in the dining

A review of Staff C's employee record revealed Staff C last underwent test on . The record contained no freedom from test documentation since for Staff C.

On at 9:13 a.m., an interview was conducted with facility administrator. She stated she thought Staff C had a test in , but there is no documentation of this in Staff C's employee record.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews the facility failed to maintain a safe living environment free of hazards for 45 of 45 residents.

Findings;

On at approximately 10:00 a.m. during a tour of the facility it was observed that the wooden hand railing on the second floor fire escape was rotted and coming apart.

On at approximately 10:00 a.m. an interview was condcuted with the Administrator agreed it was dangerous and that the residents do not use the exit only in a case of an emergency. She said she is going to have it fixed by a contractor.

On at approximately 1:00 a.m. it was observed outside next to a shed on the facility property a large pile of construction debris. The debris consisted of pieces of scrap ceramic tile, rolls of chain link fence, metal and plastic piping, barbed wire and a ceramic sink.

On at approximately 1:00 a.m. an interview was conducted with the Administrator, she agreed and said she would have the debris removed.

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0161-Records - Staff 58A-5.024(2) FAC
Based on observation, interviews and record review, the facility failed to ensure 1 of 3 staff members, Staff A, completed an employment application and reference were maintained in the employee record.

The findings include:

On at 2:57 p.m., an interview was conducted with Staff A. She stated she is a resident care aide and she works the 8:00 a.m. to 4:00 p.m. shift.

On , from approximately 9:00 a.m. to 4:00 p.m., Staff A was observed on the premises of the facility and working.

On a record review confirmed hire date of for Staff A. Record review confirmed no documentation of an employment application or reference checks for Staff A.

On at 9:13 a.m., an interview was conducted with facility administrator. She stated Staff A's hire date was She stated there is no application or reference checks for Staff A as Staff A moved down to Florida as part of her family.

0167-Resident Contracts 58A-5.025 FAC
Based on record reviews and interviews the facility failed to have provision in the resident contracts stating at least a 30 day notice will be given before a rate increase for 3 of 3 residents (residents #3, #6, #10).

Findings:

On record reviews were conducted on residents #3, #6, and #10 contracts. It was observed that all three resident contracts were missing a provision stating at least a 30 day notice will be given before a rate increase.

On at approximately 1:00 PM the Administrator agreed that the resident contracts were missing the required 30 day notice for a rate increase in the contracts.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on observations, interviews and record review, the facility failed to ensure 2 of 3 sampled staff members, Staff A and Staff B, received the required 3 hours of Limited Mental Health (LMH) continuing education biennially after receiving the initial 6 hours of specialized training.

The findings include:

On at 9:05 a.m., an interview was conducted with facility administrator. She stated 90% of the facility's

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residents are limited mental health residents.

On at 2:57 p.m., an interview was conducted with Staff A. She stated she is a Resident Care Aide and she works the 8:00 a.m. to 4:00 p.m. shift.

On at 4:02 p.m., an interview was conducted with Staff B. She stated she is a Certified Nursing Assistant and she works the 4:00 p.m. to 12:00 a.m. shift.

A review of employee records revealed Staff A had not received continuing education training for limited mental health since . Continued review revealed Staff B had not received continuing education training for limited mental health since .

On at 9:13 a.m., an interview was conducted with facility administrator. She stated Staff A has not had received the required continuing education training for limited mental health. She stated Staff B attended continuing education training for limited mental health, but Staff B did not get a certificate because Staff B had to leave early and did not take the test.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observations, interviews and record review, the facility failed to ensure 1 of 3 sampled employees, Staff C, passed a background screening prior employment and failed to ensure 1 of 3 sampled employee, Staff C, was re-screened and eligible for continued employment.

The findings include:

On at 7:50 a.m., Staff C was observed working at the facility, at the medication cart in the dining .

On at 7:56 a.m., an interview was conducted with Staff C. She stated that she did work the 12:00 a.m. to 8:00 a.m. shift on .

On at 9:13 a.m., an interview was conducted with facility administrator. She stated she knew that Staff C had not had a Level II Background Screening and had not had a background screening since . She stated she was waiting for AHCA audit to find out how to handle this.

On a record review of Staff C's employee record revealed Staff C was hired at the facility on . Further review of Staff C's underwent Level I Background Screening by AHCA on and was determined "Not OK." Continued record review confirmed no evidence of Level II Background Screening for Staff C after .

On , search of AHCA background screening website confirmed Staff C determined "Not Eligible" for employment.

Unclassified