STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911310	11/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pine Acres Golden Age Centre	5030 Cub Lake Drive Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:
0000-Initial Comments
Complaint Inspection CCR#2014009568 in conjunction with the re-licensure survey was conducted on . Pine Acres Golden Age Centre Assisted Living Facility had deficiencies found at the time of the visit. Deficiencies were cited on the re-licensure survey, see aspen K8ZC11.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure the physician was notified of a significant change for 1 of 9 sampled residents (#3).

Findings:

Resident record review revealed #3 an Assisted Living Facility Health Assessment form 1823 dated that indicated diagnoses Pick's

Review of facliity notes revealed:

10/2/ no year was noted, resident suffered a severe spasm, breathing was very shallow, non responsive, 911 called, and sent to the hospital. There was no documentation to indicate the physician was notified.

at 11 AM suffered a slight , was extremely noisy shouting constantly. Restlessness and shouting became worse. 911 was called, resident sent back to the hospital.

There was no documentation to indicate the physician was notified when the resident was sent to the hospital.

In an interview with the administrator on at 4 PM she did not indicate if the physician was notified.

Class III

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0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview the facility failed to ensure a copy of the staff schedule was available for review.

Findings:

During the entrance conference, the 2014 schedule was requested from the administrator on at approximately 9:30 AM.

Record review revealed there was no staff schedule for 2014 available for review.

In an interview with the administrator on at 10 AM revealed she did not have the schedule, she had sold the facility, was cleaning out her office and was not able to locate it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Pine Acres Golden Age Centre
5030 Cub Lake Drive
Apopka, FL 32703

RE: CCR ##2014009568

Dear Administrator:

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 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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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