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 - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0076 - 58a-5.0186 Fac - [illegible] S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
Re-licensure survey conducted on [illegible] in conjunction with Complaint Inspection CCR#2014009568. Pine Acres Golden Age Centre Assisted Living Facility had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on observation, interview and record review the facility failed to ensure that 1 of 9 sampled residents (#4) had an Agency for Healthcare form 1823 completed upon admission and 2 of 9 sampled residents (#1 & #2) had all of the required information on their 1823's.

Findings:

1. Review of the Admission/discharge log revealed resident #4 was admitted on [illegible]

Record review revealed an 1823 dated [illegible]. There was an 1823 completed with no date of signature. There was no documentation that indicated an 1823 was completed upon admission.

In an interview with the administrator on [illegible] at approximately 4 PM who stated the resident was admitted from another Assisted Living Facility and that was the 1823 received

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upon admission.

2. Review of the Admission/discharge log revealed resident #1 was admitted on [redacted]. Record review revealed there was no documentation that indicated an 1823 was completed upon admission.

In an interview with the administrator on [redacted] at approximately 4:30 PM who did not indicate if the 1823 was completed.

#3 Resident record review revealed an 1823 for resident #2 dated diet blank assistance with meds that did not indicate the resident's diet and did not state if the resident needed assistance or administration of medications.

In an interview with the administrator on [redacted] at approximately 4 PM who was not aware the 1823 did not contain the required information.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interview the facility failed to have a current activity calendar posted in the facility.

Findings:

Observation on [redacted] at approximately 9:45 AM revealed the activity calendar was not posted.

In an interview with the administrator on [redacted] at approximately 4 PM who stated she had not completed the activity calendar for [redacted].

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the Medication Observation Record for 1 of 9 sampled residents (#9).

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Findings:

Observation of the Medication Pass for resident #9 on at 11 AM revealed staff A (Med Tech), obtained medication from locked storage, compared the Medication Observation Record (MOR) to label, poured water in a cup, put medication in a cup, charted medication on the MOR, returned medication to storage and did not read label to resident.

In an interview with the administrator on at approximately 4 PM who stated, she was not aware the unlicensed staff was not following proper procedures when assisting the residents with self-administration of medications.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview the facility failed to ensure a licensed nurse was available to administer medications for 1 of 9 sampled residents (#2).

Findings:

During the entrance conference on at approximately 9:15 AM, resident #2 was identified as receiving hospice services.

Observation on at approximately 12:30 PM revealed resident #2 was sitting in a high back wheelchair at the dining was and unable to feed himself. The administrator crushed medications, put the medication in food, took the medication to resident #2 and fed the resident his medication.

Review of personnel files revealed the administrator's nursing licensed expired on

In an interview with the administrator on at approximately 4 PM who stated she did not renew her nursing license as she had sold the facility.

The facility did not have a licensed nurse available to administer medications.

Class III

007(58A-5.0186 FAC
Based on resident record review and interview the facility failed to have accurate written

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policies and procedures, which delineated its position with respect to state laws and rules relative to _____ for 2 of 9 sampled residents (#1 & 2).

Findings:

Review of the Facility's _____ Policy and Procedure revealed it did not include the following provision:

(3) _____ PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed _____ as follows:

(b) In the event a resident is receiving hospice services and experiences _____, facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Record review for residents #1 and #2 revealed there was no documentation to confirm they were made aware of the above provision regarding _____ as required.

During an interview with the administrator on _____ at approximately 4 PM who stated the above provision was not included in the facility's _____ policies and procedures as required.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to: 1. Ensure staff that provided services that required licensing were appropriately licensed for 1 of 4 sampled staff (Staff D), 2. Ensure 2 of 5 sampled staff (A & B) had a statement from their healthcare provider that documented freedom from Communicable _____ statement, and 2 of 5 sampled staff (A, B & D) had a _____ assessment signed by the healthcare provider.

Findings:

1. During the entrance conference, on _____ at approximately 9:15 AM, resident #2 was identified as receiving hospice services.

Observation on _____ at approximately 12:30 PM revealed resident #2 was sitting in a high back wheelchair at the dining _____, was _____ and unable to feed himself. The administrator (staff D) crushed medications, put the medication in food, took the medication to resident #2 and fed the resident his medication.

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Review of personnel files revealed the administrator's nursing licensed expired on . There was no documentation to review that indicated the administrator had a current nursing license.

In an interview with the administrator on at approximately 4:30 PM who stated she did not renew her nursing license as she had sold the facility.

2. Review of personnel files revealed:

Staff A - date of hire (DOH) had a free from communicable statement and results dated . The staff did not have documentation of freedom from communicable that was completed within 6 months of hire.
Staff B - DOH had a freedom from communicable statement dated that was not signed by the healthcare provider and a negative test dated . There was no documentation of a current test signed by the healthcare provider.
Staff D - DOH over 30 years ago did not have documentation of current results.

In an interview with the administrator on at approximately 4 PM who stated she was cleaning out her office, as she sold the facility and was unable to locate her personnel files.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and interview the facility failed to ensure the administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. for 1 of 5 sampled staff (Staff D).

Findings:

Review of personnel files for staff D revealed there was no documentation to review that indicated she had completed 12 hours of continuing education in topics related to assisted living in the past 2 years.

In an interview with the administrator on at approximately 4 PM who stated she did not take the 12 hours of continuing education as she sold the facility.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 3 of 5 sampled staff (A, C & F) had the training requirements of Rule 58A-5.0191, F.A.C.

Findings:

Personnel file review revealed the unlicensed staff did not have the required training requirement available for review:

Staff A- date of hire (DOH) needed control and Activities of Daily Living training
Staff C - DOH needed Emergency preparedness & Evacuation training, Resident Rights and Safe Food training
Staff F - DOH unknown did not have documentation of , Neglect and training.

In an interview with the administrator on at approximately 4 PM who stated she was cleaning out her office, as she sold the facility and was now unable to find the staff training, and did not keep Staff F's employee file after she was terminated.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview the facility failed to ensure, for staff who worked alone, they had completed an approved and had a current First Aid course for 2 of 5 sampled staff (A & C).

Findings:

Review of personnel files revealed staff A and staff C, unlicensed caregivers, did not have documentation of completion of a current course in First Aid. Staff A's First Aid certificate expired in 2012 and Staff C's First Aid certificate expired on Staff C did not have current training. Her certificate expired in 2011.

In an interview with the administrator on at approximately 4 PM who stated she was not able to locate the certificates and did not indicate the staff had the training.

Class III

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on observation, record review and interview the facility failed to ensure staff who assisted with self-administration of medications, received 2 hours annually of continuing education in providing assistance with medications and safe medication practices in an assisted living facility for 3 of 5 sampled staff (A, B & C).

Findings:

Review of personnel files for staff A, staff B and staff C did not have documentation they had received the annual 2 hours of continuing education in assisting with medications. Staff A had 4 hours of medication training on , staff B had 4 hours of medication training on and staff C had 4 hours of medication training on .

In an interview with the administrator on at approximately 4 PM who stated the staff did not have documentation of the training in their personnel file and did not indicate the staff had received the training.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility failed to ensure the administrator, who was responsible for the facility's food service and the day-to-day supervision of food service staff obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service.

Findings:

Review of personnel files revealed the administrator, who was responsible for food service did not have documentation to review that indicated she had obtained 2 hours of continuing educations in nutrition and food services.

In an interview with the administrator on at approximately 4 PM who stated she was unable to locate the certificate and did not know if it was current.

Class III

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0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure training certificates included the number of hours of the training for 2 of 5 sampled staff (B & C).

Findings:

Review of personnel file for staff B revealed the hours were not documented on the certificate dated and on staff C's certificate dated

In an interview with the administrator at approximately 4 PM on who stated she was not aware the hours were not documented on the certificates.

Class

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview the facility failed to ensure menus were dated and planned at least one week in advance and kept on file for 6 months, a substitution list was maintained and a copy of the dietitian's license was available for review.

Findings:

Review of the menus revealed they were signed by the dietitian on were not dated, or planned one week in advance, or kept on file for 6 months. There was no substitution list available for review and the facility did not have a copy of the dietitian's license.

Interview with the manager on at approximately 4 PM who stated she had never been asked for signed menus during the survey, she did not have a copy of the dietitian's license and the pages were torn out of the substitution list binder.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to ensure records were maintained in a manner that made them readily available for review.

Findings:

During entrance conference, resident #2 was identified as receiving hospice services.

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In an interview with the administrator on [redacted] at approximately 10 AM, resident #2's hospice record, the administrator's employee file and Staff F's employee file were requested. The administrator later stated on [redacted] at approximately 11 AM that she had sold the facility and did not keep resident #2's hospice record. She also stated she was not able to locate her personnel file with some of her training and her background screening and did not keep staff F's employee file after she was terminated.

There was no documentation to review that indicated the administrator had completed [redacted] training, safe food handling, resident rights, elopement training, and emergency preparedness training, the facility had the hospice record and staff E's employee file for review.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure 3 of 4 sampled staff (staff B, C, D and E) was in compliance with Agency for Healthcare Administration (AHCA) Level II background screening (BGS) requirements.

Findings:

Review of personnel files revealed the following staff did not have documentation they were in compliance with BGS requirements:

Staff B date of hire (DOH) [redacted]
Staff C - DOH [redacted]
Staff D - the administrator
Staff E - terminated, no employee file

In an interview with the administrator on [redacted] at approximately 4 PM who stated she had owned the facility for more than 30 years, she sold the facility and was cleaning out her office and was not able to locate the above staff's background screening results.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Biennial relicensure

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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