RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

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 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,

Kristie 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	11/13/2014
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 - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Service Monitoring survey was conducted on , 2014. Chambrel at Pinecastle had Licensure deficiencies found at the time of the visit.

N276-LNS - Nursing Services 58A-5.031(1) FAC
Based on observation, interview and record review, the facility failed to provide nursing services specific to the care of a for 1 of 4 sampled residents (Resident #8).

Findings:

During a staff interview on at 12:05 PM with Staff A, Resident Care Assistant, stated that Resident #8 has a . When asked who is caring for her , she replied, "we empty the bag and the nurses change the bags."

Interview with Resident #8 on at 1:05 PM she recently had surgery for her and did not want to handle it (care for her .

Interview with the Health and Wellness Director (HWD) on at 2:30 PM she stated Resident #8 is not under Limited Nursing Service at this time. She stated that facility staff empties her bag. HWD confirmed that the resident is not under any home health services at this time. She stated she will add her to her LNS services.

A review of the health assessment (AHCA form 1823, dated for Resident #8 revealed on page 1 of 4 reads under nursing treatment: Care for , change every 3 days and as needed.

A review of the Resident #8's service plan revealed that staff will assist to empty the bag and home health will follow to complete the task of changing the bag in a routine basis.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on interview and record review, the facility failed to complete a monthly nursing assessment for 1 of 4 residents receiving limited nursing services (Resident #7).

Findings:

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On at 2:24 PM Resident #7 was interviewed. He stated that the facility staff applies his stockings every morning and removes them at night before he goes to bed. He stated that he has had them for about 6 months now.

Interview with the Health Wellness Director (HWD) on at 2:00 PM stated that she just started and the previous HWD is no longer here. The HWD confirmed that the monthly nursing assessments were not completed record review reads under nurses progress notes regarding the anti-embolic hose application and removal at bedtime since 2014.

A record review of Resident #7's notes revealed an order signed by physician on for ıpression stockings on in AM and off HS start Review of the monthly Limited Nursing Service (LNS) Nursing Assessment for Resident #7 revealed an assessment completed on and 2014. LNS monthly nursing assessment was not completed in and 2014.

Class III