STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911310	01/26/2015
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)		

Revisit Corrected Tags:
0026-Resident Care - Social & Leisure Activities-01/26/2015
0052-Medication - Assistance With Self-Admin-01/26/2015
0081-Training - Staff In-Service-01/26/2015
0083-Training - First Aid And 26/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-01
0085-Training - Nutrition & Food Service-0
0091-Training - Documentation & Monitoring-
0093-Food Service - Dietary Standards-
0160-Records - Facility-0
0161-Records - Staff-01

Revisit Repeat Tags:
0007-Admissions - Criteria-58a-5.0181(1) Fac
0053-Medication - Administration-58a-5.0185(4) Fac
007 3a-5.0186 Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0080-Training - Core & Competency Test-58a-5.0191(1) Fac

Specific Tag Findings:
0000-Initial Comments
Revisit to the Relicensure Survey including Complaint Investigation #2014009568 was conducted on 1/26/15. 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
A-007 remained uncorrected
Based on record review and interview the facility failed to ensure that the Resident Health assessment form 1823 had all of the required informed.

Findings:

Record review for resident #2 revealed a Resident Health Assessment form 1823 that was dated . The section that noted whether the resident needed assistance with the self-administration of medication or required the medication to be administered was left blank.

During an interview with the administrator on at approximately 1:30 PM, she stated the resident needed his medications administered. She reviewed the 1823 and stated she was not

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aware that was left blank on the form.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
A0053 remained uncorrected

Based on Medication Observation Record (MOR) and interview the facility failed to have a nurse available to administer medications to 1 of 4 sampled residents (#2).

Findings:

During an interview with the administrator on at approximately 1:30 PM, she stated resident #2 needed to have his medications administered and the facility had a nurse to administer his medications.

Observations of resident #2 on at approximately 2 PM revealed he was sitting in a wheelchair; he was and could not provide any information due to his

During an interview with the Registered Nurse on at approximately 4:15 PM, she stated she provided the medications to the residents of the facility in the afternoon. She reviewed the 2015 MOR for resident #2 and stated her initials were not on the MOR for the 8 AM medication, nor was any of the other nurses that worked for her agency initials on the MOR. Further review of the MORs revealed the initials that were on the MOR were those of two unlicensed staff (Staff B and E). Staff B and Staff E both had signed the back of the MORs along with their initials as identification.

During an interview with Staff A the unlicensed staff on at approximately 4:30 PM, she stated that resident #2 was not capable self-administering his medication with assistance and the unlicensed staff gave him his medication.

During an interview with the administrator she confirmed that the staff initials on the MOR for the morning medications for were the unlicensed staff. She stated the nurse would also start administering his morning medications.

Class III

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007((DNROs) 58A-5.0186 FAC
A0076 remained uncorrected
Based facility record review and interview the facility failed to have written policies and procedures, which delineate its position with respect to state laws and rules relative to

Findings:

Review of the Facility's Policy and Procedure on at approximately 2 PM revealed the policy did not included the required documentation to be given to the resident's or their representative at the time of admission. The Policy and Procedure did not include the following:

A policy that indicated that 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.

During an interview with the Administrator on at approximately 2 PM. she stated she was not aware that the policy needed to have the above information included.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
A0078-remained uncorrected
Based on Medication Observation Record (MOR) review and interview the facility failed to: 1. Ensure all staff were assigned duties consistent with his/her level of education for 1 of 4 sampled residents (#2) and did not administer medications to the resident. 2. Ensure 1 of 4 sampled staff (Staff D) had an annual statement the healthcare provider that documented she did not constitute a risk of communicating

Findings:

1. During an interview with the administrator on at approximately 1:30 PM, she stated resident #2 needed to have his medications administered and the facility had a nurse to administer his medications.

Observations of Resident #2 on at approximately 2 PM revealed he was sitting in a wheelchair; he was and could not provide any information due to his

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During an interview with the Registered Nurse on at approximately 4:15 PM, she stated she provided the medications to the residents of the facility in the afternoon. She reviewed the 2015 MOR for resident #2 and stated her initials were not on the MOR for the 8 AM medication, nor was any of the other nurses that worked for her agency initials on the MOR. Further review of the MORs revealed the initials that were on the MOR were of two unlicensed staff (Staff B and E). Staff B and Staff E both had signed the back of the MORs along with their initials as identification.

During an interview with Staff A the unlicensed staff on at approximately 4:30 PM, she stated that resident #2 was not capable self-administering his medication with assistance and the unlicensed staff gave him his medication.

During an interview with the Administrator on at approximately 4:45 PM she confirmed that the staff initials on the MOR for the morning medications for were the unlicensed staff. She stated the nurse would also start administering his morning medications.

2. Personnel record review for Staff D the administrator revealed the only documentation to confirm she was free from was dated (due and
During an interview with the Administrator on at approximately 2:30 PM, she stated she was not aware that a documentation of Freedom from was required because she took a Chest X-ray instead of the test and the Chest X-ray was not required annually. She was not aware that it was required of her to have a statement annually from a health care provider noting she did not constitute a risk of communicating

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
A080 remained uncorrected
Based on personnel record review and interview the administrator failed to obtain 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings:

Personal record review for Staff D (administrator) revealed there was no documentation to confirm that she had completed 12 hours of continuing education in topics related to Assisted Living every 2 years.

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During an interview with the administrator on [redacted] at approximately 4 PM she stated she needed to obtain the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 26, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2015.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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