STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911310	R **04/02/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Revisit to the relicensure survey conducted on 4/2/15. Pine Acres Golden Age Centre Assisted Living Facility had a deficiency found at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observations, record review and interviews the facility failed to ensure residents were treated with dignity and respect, lived in a safe environment and the use of physical were limited to the use of half-rails only for 2 of 8 sampled residents (#1 & #9).

Findings:

Observation during the tour on at approximately 10 AM revealed residents #1 and #9 were restrained in their reclining chairs. Resident #9 was sitting in the recliner with his feet elevated. There was an ottoman pushed under the elevated foot rest, to prevent it from going down. Resident #1 was sitting in her recliner with her feet elevated. There was a wooden handle on the side of the recliner, to control the chair foot rest. Residents #1 and #9 were and unable to get out of the reclining chairs without assistance. At approximately 10:50 AM, the staff member had difficulty removing the ottoman from under resident #9's recliner foot rest, as the ottoman was wedged in place. Two staff members assisted resident #9 to stand up and transfer to the wheelchair. The recliner's foot rest was not working properly and would not stay in an upright position while reclining. Resident #1 was ambulated at approximately 11:15 AM.
Resident #9 had an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of advanced and noted the resident had unsteady gait and was at risk of The resident needed assistance with ambulation, bathing, dressing, toileting and transferring and was independent eating.
Resident #1 had an 1823 dated that indicated diagnoses of and noted the resident was and needed redirection. The resident needed supervision with ambulation, toileting and transferring, needed assistance with bathing and dressing and was independent with eating.

In an interview with the office manager on at approximately 10:20 AM, he was not aware the residents were restrained. In an interview on at approximately 11:45 AM with the office manager who stated the new owners would soon be updating the building and replacing the broken recliner and other furnishings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure all furniture was in safe, working order.

Findings:

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PINE ACRES GOLDEN AGE CENTRE	**5030 CUB LAKE DRIVE APOPKA, FL 32703**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0152 Continued From page 1

Observation during the tour on at approximately 10 AM revealed resident #9 was restrained in his reclining chair. Resident #9 was sitting in the recliner with his feet elevated. There was an ottoman pushed under the elevated foot rest, to prevent it from going down. Resident #9 was and unable to get out of the reclining chair without assistance. At approximately 10:50 AM, the staff member had difficulty removing the ottoman from under resident #9's recliner foot rest, as the ottoman was wedged in place. Two staff members assisted resident #9 to stand up and transfer to the wheelchair. The recliner's foot rest was not working properly and would not stay in an upright position while reclining.

Resident #9 had an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of advanced and noted the resident had unsteady gait and was at risk of The resident needed assistance with ambulation, bathing, dressing, toileting and transferring and was independent eating.

In an interview with the office manager on at approximately 10:20 AM, he was not aware the resident's reclining chair was not in safe and working order. In an interview on at approximately 11:45 AM with the office manager who stated the new owners would soon be updating the building and replacing the broken recliner and other furnishings.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11911310

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

Name of Facility
PINE ACRES GOLDEN AGE CENTRE

Street Address, City, State, Zip Code
5030 CUB LAKE DRIVE
APOPKA, FL 32703

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0007** Reg. # **58A-5.0181(1) FAC** LSC		ID Prefix **A0053** Reg. # **58A-5.0185(4) FAC** LSC		ID Prefix **A0076** Reg. # **58A-5.0186 FAC** LSC	
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix **A0080** Reg. # **58A-5.0191(1) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency
Reviewed By
Date: 4/13/17

Signature of Surveyor:

Date:

Reviewed By CMS RO
Reviewed By
Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: 2nd revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 2, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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