RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 9, 2015 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste 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	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE AT PINECASTLE	**1801 SE 24TH ROAD OCALA, FL 34471**	

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

0000 - Initial Comments

An unannounced Limited Nursing Service monitoring survey was conducted at Brookdale at Pinecastle Assisted Living Facility 1801 SE 24th Rd Ocala Fl . Deficiencies were identified at the time of the survey. The facility was not in compliance with the requirements of Chapters 429, Part I& 408, Part II, Florida Statutes and 58A-5 Florida Administrative Code.

0008 - Admissions - Health Assessment - 58A-5.0181(2) FAC

Based on interview and record review the facility failed to ensure the accurate completion of a health assessment form for 3 of 7 residents reviewed (Residents # 7, 8, 10).

FINDINGS:
Resident #7 The 1823 AHCA Resident Health Assessment for Assisted Living Facilities form did not have a list of medications or indicate an attached list, did not indicate the resident needed assistance with self administration of medications, and did not have a date of examination by the health care provider.

Resident #8 The 1823 AHCA Resident Health Assessment for Assisted Living Facilities form Section D did not indicate whether the resident's needs could be met in an assisted living facility which is not a medical, nursing or facility.

Resident #10 with a start date of had 3 1823 AHCA Resident Health Assessment for Assisted Living Facilities forms
The first one reviewed labeled "A" was undated by the examiner , failed to indicate if the individual needed assistance with self-administration of medication, and the list of medication was not provided.

The second 1823 reviewed labeled "B" did not indicate if the resident needed assistance with self-administration of medications, and the date of examination is . The date the form showed faxed to the facility was

The third 1823 reviewed labeled "C" did not have a date of examination by the health care provider.

An interview with the Administrator on at 9:15 AM revealed he did not have a written plan of correction but had discussed 1823's with the Health and Wellness Director. They decided to review the 1823's and send the ones that needed correction to the physicians a few at a time until they were all corrected. The Administrator said the 1823s (Health Assessments) were being reviewed by the Health and Wellness Director and the Health and Wellness Manager as the new residents moved in. He was not aware of the current incomplete 1823's.
An interview on at 9:34 AM with the Health and Wellness Director, Limited Nursing Services Director revealed the 1823's are reviewed by the Health and Wellness Manager and her (the Health and Wellness Director) for completeness.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910267	R **04/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE AT PINECASTLE	**1801 SE 24TH ROAD OCALA, FL 34471**	

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An interview with the Health and Wellness Manager, on at 9:40 AM revealed she was aware of the problems with the 1823's and was sending them to the physicians to be corrected. She and the Health and Wellness Director reviewed them for completeness when they were received. If the 1823 was not complete the 1823 was returned to the provider for completion.