STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	09/04/2015
NAME OF PROVIDER OR SUPPLIER **PINE CREST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2835 CR 220** **MIDDLEBURG, FL 32068**	

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

0000 Initial Comments

A biennial licensure survey with Limited Mental Health and Extended Congregate Care was conducted at Pine Crest Manor in Middleburg, FL on [redacted], 2015. Pine Crest Manor had deficiencies found at the time of the visit.

0053 Medication - Administration

Based on record review and interview, the facility failed to ensure licensed staff performed glucose testing for 6 of 7 residents. (Residents #9, #6, #10, #11, #12, #13)

The findings include:

On an interview with Employee A, caregiver at 10:30 am said she checks the sugars of 7 residents. She said she wipes the resident's finger, she pokes it, and she puts the in the machine and writes down the number. She said she checks them all before breakfast, about 5:30-6:00 am. She said she documents the results. She said she does not give .

On an interview with Resident #9 at 11:10 am. She said she was a . She said they check her sugar early in the morning, before she eats breakfast. She said it is checked once a day in the mornings. She said she does not check it herself.

On at 11:20 am an interview with the Administrator stated the staff assist the residents by handing them the machine. She said the residents do it themselves.

Record review on of the Record of Sugar Level for 6 residents (Resident #6, #9, #10, #11, #12, #13) revealed sugar recordings dated 1-4, 2015. On , 2015 at 7:00 am the records recorded the initials for Employee A, and 5 of the 6 records were scratched through the initials, but were still legible to view the initials. One of the Record of Sugar Levels for Resident #13 recorded sugars with the initials of Employee B dated and at 5:00 pm. (Photographic Evidence)

An interview with Employee B on at 1:15 pm confirmed she works the second shift, 4:00 pm to 11:00 pm.

On at 2:40 pm an interview with the administrator confirmed unlicensed staff could not perform glucose testing.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0055 Medication - Storage and Disposal

Based on observation and an interview with the Administrator, the facility failed to ensure medications were not expired for 2 of 23 residents. (Resident #2, #8)

The findings include:

On an observation of stored medications at 12:30 pm revealed 4 medications in the locked storage cabinet that were expired. Resident #4 had 2 medications that were expired. The medication Stool Softener had an expiration date of and the medication Pain Relief Extra Strength with an expiration of . Review of Resident # 8 medications of Multi tablets has an expiration date of and the medication E4000 international units (I.U.) E, with an expiration date of / . (Photographic evidence obtained).

An interview with the Administrator on at 12:40 pm stated she and the other workers go through the medications for expired medication. She confirmed the 4 medications were expired.

Class III

0082 Training - /

Based on record reviews and staff interview, the facility failed to provide 2 (Employee A and B) out of 3 employees with required trainings.

The findings include:

Review of Employee A (Date of Hire:) record was conducted on . There was no Training in Employee A record.

Review of Employee B (Date of Hire: /) record was conducted on . There was no Training in Employee B record.

Interview was conducted with the administrator at 12:54 pm on . The administrator stated that she do not have documentation to show that Employee A and B completed the training.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

Z816 Background Screening-Compliance Attestation

Based on employee record review and staff interview the facility failed to do a background rescreening for 1 out of 3 employees reviewed after a 90 day gap in employment.

The findings include:

An interview was conducted with Employee B at 1:44 pm on . Employee B stated that she started working at the facility in 2015. Staff B stated that prior to working at the facility she was unemployed. Employee B stated that she was last employed at a fast food restaurant in 2013. She stated that she assist the residents at the facility with activities of daily living and medication self-administration.

An interview was conducted with the administrator at 2:05 pm on . The administrator stated that the facility did not do a background rescreening for Employee B.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Pine Crest Manor
2835 CR 220
Middleburg, FL 32068

Dear Administrator:

This letter reports the findings of a state biennial licensure; Limited Mental Health and Extended Congregate Care survey that was conducted on , 2015 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 16, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evacuator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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