STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	R
NAME OF PROVIDER OR SUPPLIER **SILVER PINES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2360 MADRID AVENUE S.E.** **PALM BAY, FL 32909**	

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

0000 Initial Comments

The revisit to the re-licensure survey was conducted on / . Silver Pines Assisted Living Facility had a deficiency that remained uncorrected.

N278 LNS - Records

N278 REMAINED UNCORRECTED
Based on interviews and record reviews the facility failed to ensure that completed nursing progress notes and Monthly nursing Assessments per 58A-5.0131 (24) and (25) F.A.C. were maintained for 1 resident in a sample of 2, who received a limited nursing services (LNS).

Findings:
Record review for Resident #2 revealed a Health Care providers order dated / that noted change every week.
Record review for Resident #2 revealed there was no documentation to confirm that the order was followed. There were no nursing progress notes available for review for the change. Further record review revealed that the last Monthly Nursing assessment was conducted on / (due).

During an interview with the Administrator a Registered Nurse on / at approximately 11:30 AM, she stated she changed Resident #2 weekly and was not aware she was to write a nursing progress note each time. She stated no one had informed her that it was required to write a note each time the nursing service was provided. The administrator made a late entry at the time for the Monthly nursing assessment. She stated she had changed the on / and also made a late entry to document that.

Class III

AH Form Approved

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11965167

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
9/24/2015

Name of Facility
SILVER PINES ASSISTED LIVING

Street Address, City, State, Zip Code
2360 MADRID AVENUE S.E.
PALM BAY, FL 32909

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 **A0008** Reg. # **429.26(4-6) FS: 58A-5.0181** LSC		ID Prefix **A0025** Reg. # **429.26(7) FS: 58A-5.0182(1** LSC		ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC		ID Prefix **AN277** Reg. # **58A-5.031(2) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency | **Reviewed By** L. Henry for S. Deanna | **Date:** 9/30/15 | **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

[illegible], 2015

Administrator
Silver Pines Assisted Living
2360 Madrid Avenue S.E.
Palm Bay, FL 32909

RE: Revisit to abbreviated relicensure survey w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 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,

Lauraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com