

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965167	(X3) DATE SURVEY COMPLETED 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

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0008		ID Prefix A0025		ID Prefix A0052	
Reg. # 429.26(4-6) FS: 58A-5.0181		Reg. # 429.26(7) FS: 58A-5.0182(1)		Reg. # 58A-5.0185(3) FAC	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0078		ID Prefix AN277		ID Prefix	
Reg. # 58A-5.019(2) FAC		Reg. # 58A-5.031(2) FAC		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

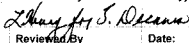
Reviewed By

Date: 9/25/10

Signature of Surveyor:

Date:

State Agency



Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

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

January 15, 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:

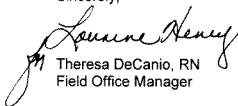
This letter reports the findings of a revisit survey conducted on January 15, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the 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 January 20, 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

BBT7

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