

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968748	(X3) DATE SURVEY COMPLETED 03/22/2016
NAME OF PROVIDER OR SUPPLIER PINEAPPLE FARMS ADULT LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1504 FISKE BLVD ROCKLEDGE, FL 32955	

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

0000 Initial Comments

A Change of Ownership (CHOW) survey was conducted on Pineapple farms Adult Living, Inc. had deficiencies at the time of the visit.

0077 Staffing Standards - Administrators

Based on personnel record review and interview, the facility failed to ensure the Administrator (staff F) had documentation of at least at a minimum, a high school diploma or G.E.D after being employed on or after , 1995.

Findings:

The administrator's (staff F) date of hire / personnel record review revealed no documentation of a high school diploma or G.E.D on file.

During interview on at 6 PM with the Assisted Living Facility (ALF) Manager confirmed the administrator's (staff F) high school diploma is located in another file that is at home.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to ensure 3 of 6 sampled staff (B, E, and F) had written documentation that is free from signs and symptoms of communicable and the facility failed to ensure that 3 of 6 sampled staff (C, E, and F) had documentation of evidence of a negative annual () examination required.

Findings:

Personnel record review revealed staff B, E, and F did not have documentation written of freedom of communicable statement within 30 days of beginning employment.

The personnel record review revealed that staff C last () examination was in 2014, no examination documented annually due by 2015.

For staff E and F personnel record revealed no documentation any () examination completed.

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Staff C's date of hire / /
Staff E's date of hire / /
Staff F's date of hire / /

During an interview on at 6 PM with the Assisted Living Facility (ALF) manager provided no comment.

Class III

0080 Training - Core & Competency Test

Based on personnel record review and interview the facility failed to ensure documentation for 1 of 1 sampled staff (F) had the approved Department of Elder Affairs assisted living facility 26 hours' core training certification.

Findings:

Staff F's personnel record review revealed no certification or documentation of the 26-hour core training required class was taken.

During an interview on at 6PM with the Assisted Living Facility (ALF) Manager who stated the proof of the core class training is at home in another file.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to ensure that 4 of 6 sampled staff (A, B, C, and D) have documentation of staff in-service trainings in compliance to include: 1 hour training in control including universal precautions, and facility sanitation procedures before providing personal care to the residents; 1 hour in emergency preparedness and evacuation training; 1 hour resident rights; and 1 hour recognizing and reporting , neglect, and within 30 days of employment.

Findings:

Staff A's personnel record review revealed trainings completed for the control and emergency

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preparedness & evacuation on with no documented amount of hours.
Date of hire:

Staff B's personnel record review revealed no documentation of the 1 hour emergency preparedness & evacuation and the 1 hour recognizing & reporting, neglect, and trainings. Date of hire: / /

Staff C's personnel record review revealed a training completed on for control with no hours documented and no documentation of the 1 hour emergency preparedness & evacuation training. Date of hire: / /

Staff D's personnel record review revealed a training completed on for emergency preparedness & evacuation training but no hours documented and no documentation of the 1 hour resident rights training. Date of hire: / /

During an interview on at 6PM with the Assisted Living Facility (ALF) Manager provided no comment.

Class III

0082 Training -

Based on personnel record review and interview the facility failed to ensure that 1 of 6 sampled staff (C) had evidence that the one-time education course on () was completed.

Findings:

Staff C's personnel record review revealed no documentation of the one-time course in () completed.

During interview on at 6 PM with the Assisted Living Facility (ALF) Manager provided no comment.

Class III

0084 Training - Assis Self-Admin Meds & Med,Mamt

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Based on personnel record review and interview, the facility failed to ensure 2 of 4 sampled staff (A and B) obtain successfully completion of the Assistance with Self-Administered Medication and Medication Management training for 4 hours initially and 2 hours annually of continuing education.

Findings:

Staff A's personnel record review revealed no evidence of the 2 hours annual continued education training for assistance with self-administered medication and medication management. Date of hire: _____

Staff B's personnel record review revealed only 2 hours of the required 4 hours of initial assistance with self-administered medication and medication management training on 1/1/2016, missing 2 hours. Date of hire: 1/1/2016

During an interview on _____ at 6 PM with the Assisted Living Facility (ALF) Manager offered no comment.

Class III

0090 Training -

Based on personnel record review and interview, the facility failed to ensure that 1 of 6 sampled staff (C) completed at least one hour of _____ training within 30 days after employment.

Findings:

Staff C's personnel record review revealed no documentation of at least one hour of _____ training completed. Date of hire: 1/1/2016

During an interview on _____ at 6 PM with the Assisted Living Facility (ALF) Manager offered no comment.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure 3-day supply of nonperishable emergency supplies such as water & milk. The facility had no water and evaporated canned milk stored

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and on hand at all times in the facility for the current resident census of 7 during survey visit on

Findings:

During an observation on at 5:30 PM, the facility's emergency food supplies pantry did not meet the resident census of water and evaporated canned milk on hand and stored in the facility at all times for the 3-day emergency supplies.

*Note the facility had stored 7 five gallons of water but had expired on / .

The facility should have on hand and stored at the facility at all times of 21 gallons of water. (Equation compute as: 7 residents' x 1 gallon per person (7gallons) for x 3 days=21 gallons).

The facility should have 168 ounces evaporated canned milk on hand and stored at the facility at all times. (Equation compute as: 7 residents' x 24 ounces (3 cups/day) x 3 days=504 ounces (72 cups)).

During an interview on at 6 PM with the Assisted Living Facility (ALF) Manager stated that she was not aware of exactly how much water and milk was needed.

Class III

0161 Records - Staff

Based on personnel record review and interview, the facility failed to obtain that 1 of 5 sampled staff (E) completed an employment application with references furnished and the facility failed to have a copy of documented in compliance of staff E with Level 2 Background screening (BGS) required on file.

Findings:

Staff E's personnel record review revealed no documentation copy of Level 2 background screening on file. Date of hire:

Background screening (BGS) checked on at 4:30 PM revealed that staff E eligible in review-required review.

During an interview on at 6 PM, the Assisted Living Facility (ALF) Manager (staff E) stated that she thought her Level 2 background screening was suffice and ready to work. She stated she was not aware of the result "eligible in review-required review" until checked today at 4:30 PM.

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She stated that she will call Agency for Healthcare Administration (AHCA) background unit next week.

Class III

0162 Records - Resident

Based on resident record review and interview, the facility failed to ensure that 2 of 2 sampled residents (#1 and #2) had a copy of the resident's contract addendums updated and on file; the facility failed to ensure a completed AHCA form 1823 Health Assessment for 2 of 2 sampled residents (#1 and #2); and failed to ensure that 1 of 2 sampled staff had documented current weight record (resident #2) for 2016.

Findings:

Both resident #1 and #2's record review revealed no contract addendum updated on file addressing the facility's refund policy, the facility's 30 day rate increase provision, and that an AHCA form 1823 Health Assessment be updated every 3 years and/or at a significant change is required.

Resident #1's record review revealed incomplete AHCA form 1823 Health Assessment dated / the type of assistance needed for medications was not marked.

Resident #2's record review revealed a AHCA form 1823 Health Assessment dated had both types marked for assistance needed for medications: Needs Assistance with Self-Administration of Medication and Needs Medication Administration.

Resident 2's record review revealed no documented current weight taken in 2016 after last weight taken on . Weights are required to be taken every 6 months and documented.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pineapple Farms Adult Living, Inc
1504 Fiske Blvd
Rockledge, FL 32955

RE: Change of Ownership

Dear Administrator:

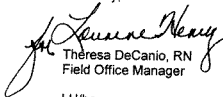
This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

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 , 2016.** 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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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