STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968835	06/29/2016
NAME OF PROVIDER OR SUPPLIER **PINEWOOD ESTATES ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4055 PINEWOOD RD MELBOURNE, FL 32934**	

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

0000 Initial Comments

A monitoring visit for Extended Congregate Care (ECC) was conducted on 6/29/16. Pinewood Estates Assisted Living license # 12678 had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview the facility did not make sure that 1 of 4 sampled staff records contained a freedom of communicable diseases including Tuberculosis (TB) statement (B) and that freedom from TB was documented yearly for 2 of 4 sampled staff (C & D).
Findings:
Personnel records review revealed that:
Staff B was hired on 2/1/16 and had no evidence to confirm freedom from communicable diseases including TB.
Staff C hired by contract on 5/20/15 had a freedom from communicable disease including TB statement dated 5/14/15. There was no evidence she provided freedom from TB from 2016 (due 5/2016).
Staff D was a caregiver and was hired 10/30/15 had a freedom from communicable disease including TB statement dated 5/20/15. There was no evidence she provided freedom from TB from 2016 (due 5/2016).
The facility secretary stated on 6/29/16 at 12:15 PM that she agreed with the findings.
Class III

0081 Training - Staff In-Service

Based on interview and personnel record review the facility did not provide or arrange for 3 of 4 sampled staff (# B and C) to receive the mandated in-service trainings.
Findings:
Personnel record review for staff # B revealed she was hired 2/01/2016 and was a Licensed Practical Nurse. Continued review revealed no evidence to confirmed the staff attended: 1 -hour in-service training regarding Resident Rights in an assisted living facility and Recognizing abuse/neglect and exploitation; 1- hour in -service training regarding nutrition and safe food handling. An in-service training regarding the facility ' s resident elopement response policies and procedures; 1 hour in -service training regarding 1. Reporting major incidents. 2. Reporting adverse incidents. and 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. An in-service training regarding the facility ' s resident elopement response policies and procedures.
Personnel record review for staff # C revealed she was hired 5/20/15 and was an Advanced Registered Nurse Practitioner. Continued review revealed no evidence to confirmed the staff attended:1-hour in-service training regarding Resident Rights in an assisted living facility and Recognizing abuse/neglect

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and exploitation, a 1 hour in -service training regarding 1. Reporting major incidents. 2. Reporting adverse incidents. and 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
The facility secretary stated on 6/29/16 at 12:15 PM that her regulation set indicated that only staff that was counted towards the staffing hours needed to be trained. She did not have her regulation set with her.
Class III

0083 Training - First Aid and CPR

Based on personnel record review and interview the facility failed to ensure that 2 of 4 sample staff had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Heart Association, or National Safety Council; or a provider approved by the Department of Health (#A and D).
Findings:
Personnel records review revealed that :
Staff A had a certificated dated 5/23/15 with an expiration date of 5/23/15. The certificate was for CPR. The training was done from an Internet provider. Not by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Heart Association, or National Safety Council; or a provider approved by the Department of Health. There was no evidence she had current CPR certification.
Staff D, a caregiver, had a CPR certificate that expired on 1/2017. The card indicated Basic Life Support (BLS). There was no evidence she had current First Aid training.
On 6/29/16 at 11:45 AM the facility secretary called the training school and, she said that she was told that BLS included First Aid.
On 7/01/206 at 9AM the training school representative stated that BLS did not include First Aid training and BLS was Basic Life Support for lay people. The card would have indicated the training attended.
Class III

0090 Training - Do Not Resuscitate Orders

Based on interview and record review the facility failed to ensure 3 of 4 sampled staff (#B, C and D) received an in-service training regarding the facility ' s Do Not Resuscitate Orders (DNRO) that included all the information in Rule 58A-5.0186, F.A.C.
Findings:
Individual personnel record review revealed that
Staff B hired was 2/01/2016 and was a Licensed Practical Nurse. There was no evidence to confirm she received an in-service training regarding the facility ' s Do Not Resuscitate Orders (DNRO) policies and

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procedures.
Staff C was hired on 5/20/15 and was the Extended Congregate Care nurse. There was no evidence to confirm she received an in-service training regarding the facility ' s Do Not Resuscitate Orders (DNRO) policies and procedures.
Staff D, was hired on 10/30/15 and was a caregiver. There was no evidence to confirm she received an in-service training regarding the facility ' s Do Not Resuscitate Orders (DNRO) policies and procedures.
The facility secretary stated on 6/29/16 at 12:15 PM that her regulation set indicated that only staff that was counted towards the staffing hours needed to be trained. She did not have her regulation set with her.
Class III

0091 Training - Documentation & Monitoring

Based on personnel records review and interview the facility failed to ensure that certificates of training contained all the required information for 1 of 4 sampled staff (#A).
Findings:

Personnel record review for staff A hired revealed a certificate that indicated she received an in-serve training regarding the facility ' s elopement policies and procedure dated 1/8/16. Continued review revealed a certificate dated 1/18/16 that indicated staff A received an in-service training regarding emergency procedure, including evacuation and chain of command and report major incidents. The certificates did not contain the name, signature, credentials and, if applicable, professional license number, of the trainer.
The facility secretary stated on 6/29/16 at 12:15 PM that she agreed with the findings.
Class III

0161 Records - Staff

Based on personnel record review and interviews the facility failed to ensure 2 of 4 sampled personnel records (B & D) contained the required documentation.

Findings:
Personnel record review for staff B, a Licensed Practical Nurse (LPN) hired by contract on 2/1/16 did not have a background screening (BGS) result available for review. The Agency BGS site indicated on 6/29/16 at 11:30 AM she was eligible to work on an Agency licensed facility on 8/28/13.
Personnel record review for staff D a caregiver, hired on 10/30/15, revealed no evidence to confirm she completed a job application.
The facility secretary stated on 6/29/16 at 12:15 PM that she agreed with the findings.

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Class III

E210 ECC - Training

Based on personnel record review and interview the facility failed to ensure 1 of 4 direct care staff (D) who provided care to residents in the Extended Congregate Care (ECC) received 2 hours of in-service training with 6 months of employment regarding concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an Extended Congregate Care (ECC) facility.
Findings:
Personnel record review for staff D a caregiver, hired on 10/30/15, revealed no evidence to confirm she received 2 hours of in-service training with 6 months of employment regarding concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an Extended Congregate Care (ECC) facility.
The facility secretary stated on 6/29/16 at 12:15 PM that she agreed with the findings.
Class III

Z814 Background Screening Clearinghouse

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's Background Screening Clearing House that listed all the facility employees subject to a background screening for 2 of 4 sampled staff (B and C).
Findings:
Review of the facility's Background Screening Clearing House roster on 6/29/16 revealed facility's employee roster did not list staff C, an Advanced Registered Nurse Practitioner hired by contract on 5/20/15 and staff B a Licensed Practical Nurse (LPN) hired by contract on 2/1/16.
The facility secretary stated on 6/29/16 at 12:15 PM that staff B and C were not facility staff, but contracted staff.
Unclassified

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (C), whom was in a role that required a background screening (BGS) did not have any disqualifying offenses and was allowed work without a background screening.
Findings:
Personnel record review revealed that staff C, was an Advanced Registered Nurse Practitioner (ARNP) hired by contract on 5/20/15. The BGS available for review indicated Agency review required and was printed on 5/20/15. The Agency BGS site indicated on 6/29/16 at 11:30 AM "awaiting privacy policy".

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The facility secretary stated on 6/29/16 at 12:15 PM that staff B and C were not facility staff, but contracted staff.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 3, 2016

Administrator
Pinewood Estates Assisted Living Facility
4055 Pinewood Rd
Melbourne, FL 32934

RE: ECC/LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on June 29, 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 August 13, 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 407/420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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