STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968835	R 09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD ESTATES ASSISTED LIVING FACILITY	**4055 PINEWOOD RD MELBOURNE, FL 32934**

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

0000 Initial Comments

A follow to a n Extended Congregate Care (EE) monitoring was conducted at Pinewood Estates Assisted Living on 9/27/16. Pnewood Assisted Living license # # 12678 had deficiencies at the time of the visit.

0081 Trainina - Staff In-Service

9/27/16 revisit conducted. Deficiency A-081 remained uncorrected.
Based on interview and personnel record review the facility did not provide or arrange for 1 of 4 sampled staff (C) to receive the mandated in-service trainings.
Findings:
During the entrance interview on 9/27/16 at 10 AM the assistant to the facility owner stated that nothing previously cited for staff C, the Advanced Registered Nurse Practitioner (ARNP) was corrected because nothing really needed correcting. She placed a call to the Agency office in Tallahassee as it was her understanding that the Tallassee office was in agreement with her
The Agency representative placed a phone call to the local Area office 7, was instructed to return later during the day.
During the entrance interview on 9/27/16 at 2 PM the assistant to the facility owner said that staff C who had a PHD (doctorate degree) in nursing and was not doing any of the in-services including Resident Rights in an assisted living facility and Recognizing abuse/neglect and exploitation as she was some type of trainer herself.
An opportunity was provider to contact the ARNP and look into whether the ARNP had attended the ALF Core training (assisted living facility) core training and submit the ALF Core training certificate by closing of business on 9/27/16 by e mail.
An email was received on 9/27/16 at 8:44 PM, however there was no evidence staff C attended the Assisted Living Core training and was exempt from the 1-hour in-service training regarding Resident Rights in an assisted living facility and Recognizing abuse/neglect and exploitation.
Class III

0083 Trainina - First Aid and CPR

9/27/16 revisit conducted. Deficiency A-083 remained uncorrected.
Based on personnel record review and interview the facility failed to ensure that a staff who has completed courses in First Aid and CPR and held a currently valid card documenting completion of such courses must be in the facility at all times.

Findings:

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	AL11968835	R 09/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD ESTATES ASSISTED LIVING FACILITY	**4055 PINEWOOD RD MELBOURNE, FL 32934**

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

Observations on 9/27/16 at 10 AM noted that staff A was the sole caregiver in the facility with the residents.
During the entrance interview on 9/27/16 at 10 AM the assistant to the facility owner stated that nothing previously cited for staff A was corrected because nothing really needed correcting. She placed a call to the Agency office in Tallahassee as it was her understanding that the Tallassee office was in agreement with her.
The Agency representative place a phone call to the local Area office 7, was instructed to return later during the day.
During the entrance interview on 9/27/16 at 2 PM the assistant to the facility owner said that staff A had current CPR and First Aid certifications. She provided a Heart Saver First Aid training card. She added that when the Heart Saver First Aid it meant the staff had both, First Aid and CPR training
The Agency representative explained the card must indicate First Aid and CPR training. She voiced disagreement. The assistant to the facility owner was informed that the trainer would be called for clarification.
On 9/30/16 at 10:45 a call was placed to the issuer of the Health Saver First Aid card. According to the continuing education manager, when a card read Heart Saver First Aid it indicated First Aid training only. When the card read CPR/First Aid, them both trainings were taken. If it read BLS CPR and or First Aid this was training for medical personnel only.

0090 Training - Do Not Resuscitate Orders

9/27/16 revisit conducted. Deficiency A-090 remained uncorrected.
Based on interview and record review the facility failed to ensure 1 of 4 sampled staff (C) received an in-service training regarding the facility's Do Not Resuscitate Orders (DNRO) policies and procedures.
Findings:
During the entrance interview on 9/27/16 at 10 AM the assistant to the facility owner stated that nothing previously cited for staff C, the Advanced Registered Nurse Practitioner (ARNP) was corrected because nothing really needed correcting. She placed a call to the Agency office in Tallahassee as it was her understanding that the Tallassee office was in agreement with her.
The Agency representative place a phone call to the local Area office 7, was instructed to return later during the day.
During the entrance interview on 9/27/16 at 2 PM the assistant to the facility owner said that staff C who had a PHD (doctorate degree) in nursing and was not doing any of the in-services including the Do Not Resuscitate Orders (DNRO) policies and procedures. She added that it had something to do with her liability insurance and too much time spent on these in-services.
Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968835 Y1	A. Building B. Wing Y2	9/27/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD ESTATES ASSISTED LIVING FACILITY	4055 PINEWOOD RD MELBOURNE, FL 32934

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0078	Correction	ID Prefix A0091	Correction	ID Prefix A0161	Correction
Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(12) FAC	Completed	Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed
LSC	09/27/2016	LSC	09/27/2016	LSC	09/27/2016
ID Prefix AE210	Correction	ID Prefix AZ814	Correction	ID Prefix AZ815	Correction
Reg. # 58A-5.0191(7) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed
LSC	09/27/2016	LSC	09/27/2016	LSC	09/27/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 10/5/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
6/29/2016	☐ YES ☐ NO

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 5, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on September 27, 2016by 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 November 4, 2016.**

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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