STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911310	12/07/2016
NAME OF PROVIDER OR SUPPLIER **PINE ACRES GOLDEN AGE CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5030 CUB LAKE DRIVE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

On 7, 2016 a re-licensure survey in conjunction with an Extended Congregate Care (ECC) survey was conducted at Pine Acres Golden Age Centre, license #6106. There were deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record reviews and interview the facility failed to ensure that 3 of 3 personnel records (A, B, C) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Personnel record review for staff A, the administrator, revealed a negative examination dated / . There was no documented evidence of a negative examination for 2016.

2. Personnel record review for staff B revealed a negative examination dated / . There was no documented evidence of a negative examination for 2016

3. Personnel record review for staff C revealed a freedom from communicable statement completed by a health care provider dated . The statement did not indicate the results of a examination.

On / at 3:30 PM, the administrator confirmed the findings and said "I have an appointment scheduled next week."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record reviews and interview the facility failed to ensure that 1 of 2 sampled resident records (#2) contained all the required components.
Findings:

Record review for resident #2 revealed an incomplete consent for assistance with self-administration of medications. It did not indicate whether the staff who assisted with self-administration of medications would or would not be overseen by a licensed nurse.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 12/07/16 at 3:30 PM, the administrator confirmed the finding.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record reviews and interview, the facility failed to ensure resident contracts had all the required information for 1 of 2 sampled residents (#2).
Findings:
Record review for resident #2 revealed a contract dated / .

The review revealed the contract did not contain the following required information:

1. If after a contract is terminated the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

2. A provision stating that at least 30 days ' written notice will be given before any rate increase.

On / at 3:30 PM, the administrator confirmed the findings and said it was an old contract.

Class

E205 - ECC - Health Assessment - 58A-5.030(6) FAC

Based on record review and interview, the facility failed to ensure a health care provider examination was conducted no more than 60 days before receiving Extended Congregate Care (ECC) services for 1 of 2 sampled residents (#2.)

Findings:

The administrator identified resident #2 as receiving ECC services for her Activities of Daily Living (ADLs.)

Record review for resident #2 revealed she began receiving ECC services on / / . Continued review revealed a health assessment form 1823 completed by a health care provider dated / .

There was no documented evidence a health care provider examination was conducted no more than 60 days before she began receiving ECC services.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911310	**12/07/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On 12/07/16 at 3:30 PM, the administrator confirmed the finding.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on record review and interview, the facility failed to develop a written service plan for 1 of 2 sampled residents (#2) who received Extended Congregate Care (ECC) services.

Findings:

The administrator identified resident #2 as receiving ECC services for her Activities of Daily Living (ADL's).

Record review for resident #2 revealed she began receiving ECC services on / / . Continued review revealed no evidence a written service plan that contained the resident's unique physical, and social needs and preferences was developed, as required.

On / at 3:30 PM, the administrator confirmed the finding.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Pine Acres Golden Age Centre
5030 Cub Lake Drive
Apopka, FL 32703

RE: Re-licensure w/ECC

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 11, 2017.** 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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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