STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968835 Y1	A. Building B. Wing Y2	11/21/2016 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 A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed 11/21/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) [signature]	DATE 12/6/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/29/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: 7VGW13

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968835	R 11/21/2016

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 second revisit to an Extended Congregate Care (ECC) survey was conducted at Pinewood Estates (license #12678) on November 21, 2016. Pinewood Estates had deficiencies at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

REMAINED UNCORRECTED

Based on observation and interview, the facility failed to ensure that 1 of 2 sampled staff had received the required training within 30 days of employment (B).

Findings:

There was no documentation to show that Staff B (hired 5/20/15) received the required training in Resident Rights or Recognizing Abuse, Neglect and Exploitation.

The assistant to the Administrator stated on 11/21/16 at 4:20 PM, "This was all cleared by Tallahassee. I don't need to show you anything."

Class III

0090 - Training - Do Not Resuscitate Orders - 58A-5.0191(11) FAC

REMAINED UNCORRECTED

Based on observation and interview, the facility failed to ensure that 1 of 2 sampled staff (had received the required training (B).

Findings:

There was no documentation that Staff B (hired 5/20/15) completed the training in Do Not Resuscitate Orders as required.

The assistant to the Administrator stated on 11/21/16 at 4:20 PM, " This was all cleared by Tallahassee. I don't need to show you anything."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968835	R **11/21/2016**
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)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 15, 2016

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

RE: 2nd revisit to ECC/LNS monitoring

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit monitoring Survey conducted on
November 21, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 14, 2017.**

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
YOSF

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