RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Hidden Pines
1840 SW 31 Avenue
Ocala, FL 34478

RE: CCR #2016011577
CCR #2016012851

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 , 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 this office at (386) 462-6201.

Sincerely,

Charles Berry for

Kriste J. Mennella
Field Office Manager

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KJM/PCP
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943018	**12/28/2016**
NAME OF PROVIDER OR SUPPLIER **HIDDEN PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1840 SW 31 AVENUE OCALA, FL 34478**	

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

0000 - Initial Comments

On 28, 2016, a complaint investigation survey (CCR#2016011577 and #2016128510) was conducted at Hidden Pines Retirement Center (facility license number 48841). During the survey deficient practice was identified.

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on observation and interview, the facility failed to have a licensed nurse administer 3 of 3 residents who are (Resident #5, #6, and #7).

Findings:

On at approximately 1:00 PM, Staff B was observed to to stick Resident #5 with a small pin on the residents index finger on his left hand to obtain a glucose reading. Once she obtained a glucose reading she compared it to the sliding scale on his medication observation record. Staff B told the resident he was to receive two units. Staff B retrieved Resident #5's pen from a locked refrigerator. Staff B proceeded to dial the pen to the number 2 and handed the pen to Resident #5 who injected himself.

On at approximately 1:10 PM, Staff B stated she was not a nurse. She said she had to stick Resident #5 in the finger and obtain his glucose reading because the resident is paralyzed on his right side. This was the same reason for dialing the pen for him as well.

On at approximately 1:20 PM, Resident #6 checked her own glucose and read her own sliding scale and stated she needed 4 units. Staff B gave the pen to Resident #6 and she stated she could not see the number and needed the staff to dial it for her. Staff B refused to dial the pen and gave it to a to dial for the resident, which she did.

On at approximately 1:45 PM, Staff B stated she thought dialing the pen for Resident #6 was okay and part of the set-up process.

On at approximately 1:50 PM, Staff B gave all the required equipment to Resident #7 to check her . Resident #7 took her glucose reading and compared it with her sliding scale. Resident #7 told Staff B she needed 4 units. When staff refused to dial the pen for the resident, Resident #7 became highly agitated and was starting to argue with staff. Staff B was advised to do what they normally do for the resident. Staff B dialed the pen to 4 units. Resident #7 then requested that Staff B inject the into back of her left arm where she received it this morning from staff. Staff B said she

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needed to inject herself in the lower belly.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure the medication observation record was immediately updated for 3 of 3 residents (Resident #5, #6, and #7) each time the residents' medication was offered. .

Findings:

On , a record review was conducted on Resident #5's, #6's, and #7's medication observation record (MOR) for the month of 2016.

It was observed that that Resident #5's MOR was not updated 6 times in the month of 2016. On at 12:00 PM, there was missing documentation for his 25 mg and 500 mg. On / ay 5:00 PM, there was missing documentation for his 500 mg. sugar recordings were missing for and at 11:30 AM and / at 8:00 PM.

It was observed Resident #6's MOR was not updated 7 times in the month of 2016. On , there was missing documentation for 25 mg at 5:00 PM. sugar recordings were missing for and at 8:00 PM. flexpen was per-sliding scale and were not documented on and at 8:00 PM. There was no documentation for 20 mg on at 8:00 PM

It was observed Resident #7's MOR was not updated 6 times in 2016. There was no documentation on / for 50 mg at 5:00 PM, for 1,000 mg at 5:00 PM. There was no documentation on and for 20 mg at 8:00 PM. On and , there was no documentation for flexpen per sliding scale.

On at approximately 4:30 PM the Administrator stated she does not know why the MOR wasn't update each time medication was to be given to Resident #5, #6, and #7. She stated it should have been.

Class III

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to have a Level 2 Background Screening for 1 of 3 staff (Staff C).

Findings:

On , a record review was conducted on Staff C. It was observed Staff C did not have a Level 2 Background Screening in her file.

On at approximately 11:55 AM, an interview was conducted with Staff C by phone. During the interview, Staff C stated she started working in the facility on , 2016. Staff C stated she assists residents with showers, medication and serving food. She said she has only missed one week of work since starting. Staff C stated she has not had a background screening.

On at 3:45 PM, an interview was conducted with the Administrator in reference to Staff C working with out a background screening. She stated she thought staff had 30 days to get a background screening. Administrator also stated she did not know staff could not work with residents without a background screening.

On , a record review of the staffing schedule showed staff C is on the schedule to work from through , for eleven days.

Unclassified