

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968835	(X3) DATE SURVEY COMPLETED 08/11/2017
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

An unannounced Complaint Investigation #2017005820 was conducted at Pinewood Estates Assisted Living Facility, License #12678, on 8/01/17, 8/10/17, and 8/11/17. Deficient practice was found at the time of the complaint investigation.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation and review of background screening, the administrator failed to ensure the facility employed only persons that had an eligible background screening and allowed Staff E to supervise the day-to-day operation of the facility and staff according to documentation of the staff schedule, failed to provide documentation and records for 6 of 6 staff (A, B, C, E, F & G) to include training documentation, level 2 background screening and freedom from signs or symptoms of communicable disease, failed to provide complete resident records for 2 of 5 residents (#1 & 5), and failed to ensure 1 of 6 staff maintained a background rescreen every 5 years (Staff B).

Findings:

1. On 8/10/17, it was observed that administrator E was in control of the day-to-day operation of the facility. She provided all the answers when questions were asked relating to the operation of the facility. She would not let staff answers questions without her input. She controlled what information that the surveyors were allowed to review. Review of the staff schedule revealed that administrator E was listed on the schedule as the administrator (admin) from 7/01/17 to 7/12/17 from 9 AM to 5 PM.

Staff E had no background screening documented with the facility or the Agency for Health Care Administration (AHCA).

The owner/administrator was aware that administrator E was in the facility and had access to the residents, their living areas and their personal belongings on a day-to-day basis.

2. On 8/10/17 at 9:09 AM, staff A was provided a typed list of documents needed for the AHCA representative to complete the facility survey. The list included employment records for training documentation, communicable disease documentation, and level 2 background screening documentation. The facility failed to provide the requested employee records.

On 8/10/17 at 10 AM, administrator E stated the AHCA representative would not be allowed to review the employee files because they are legal office records.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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3. On 8/10/17 at 9:09 AM, Staff A was provided a typed list of documents needed for the AHCA representative to complete the facility survey. The list included full and complete resident records. Review of resident files was completed but the facility failed to provide the following information. Resident #1's file was not available for review. Resident #1 was documented on the admission and discharge log as being admitted on Resident #5's AHCA 1823 health assessment form noted the resident was admitted to the facility with a . Resident #5's nurses' progress notes did not included when the was removed. The admission and discharge log listed Resident #5 as being admitted on A' is an medical procedure in which a is passed into a patient's through the most commonly to provide a means of when intake is not adequate...." On 8/10/17 at 10:57 AM, Resident #5 stated when she was admitted to the facility she had a but it has since been removed. On 8/10/17 at 1:41 PM, administrator E was asked about missing material from the resident's files and stated, "You have everything." 4. On 8/01/17, the facility's information on the background screening web site indicated that Staff B was listed as an employee of the facility. On 8/10/17, the facility work schedule was reviewed. The work schedule covered the period of 8/01/17 to 8/14/17. The work schedule documented Staff B was listed as working at the facility as a certified nursing assistant. On 8/10/17 at 2:50 PM, Staff A stated Staff B works at the facility. On 8/10/17 at 10 AM, administrator E stated the AHCA representative would not be allowed to review the employee files because they are legal office records. On 8/11/17, review of the background screening web site revealed Staff B was hired on 11/01/15. The web site documented Staff B's background screen expired on 3/25/17. Class II		

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0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interviews, the facility failed to provide documentation and records for 6 of 6 staff (A, B, C, E, F & G) to include training documentation, level 2 background screening and freedom from signs or symptoms of communicable disease.

Findings:

On 8/10/17 at 9:09 AM, Staff A was provided a typed list of documents needed for the Agency for Health Care Administration (AHCA) to complete the facility survey. The list included employment records including training documents, communicable disease and level 2 background screenings.

On 8/10/17, in an attempted record review, the facility failed to provide the requested employee records.

On 8/10/17 at 10:00 AM, Staff E stated AHCA would not be allowed to review the employee files because they are legal office records.

Class III

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

Based on record review and interviews, the facility failed to provide complete resident records for 2 of 5 residents (#1 & 5).

Findings:

On 8/10/17 at 9:09 AM, Staff A was provided a typed list of documents needed for the Agency for Health Care Administration (AHCA) to complete the facility survey. The list included full and complete resident records.

On 8/10/17, a record review of resident files was completed. The facility failed to provide the following information:

1. Resident #1's file was not available for review. Resident #1 was documented on the admission and discharge log as being admitted on

2. Resident #5's nursing or progress notes were not available for review. Resident #5's AHCA 1823 health assessment form noted the resident was admitted to the facility with a . The nursing and progress notes did not document when the was removed. Resident #5 was documented on the admission and discharge log as being admitted on

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A " is an medical procedure in which a is passed into a patient's through the , most commonly to provide a means of when intake is not adequate...." On 8/10/17 at 10:57 AM, Resident #5 stated when she was admitted to the facility she had a but it has since been removed. On 8/10/17 at 1:41 PM, Staff E was asked about missing material from the resident files and stated, "You have everything." Class III Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on record review and interviews, the facility failed to ensure 1 of 6 staff maintained a background rescreen every 5 years (Staff B). Findings: On 8/1/17, a record review was completed regarding the facility on the background- screening web site. The web site documented Staff B was listed as an employee of the facility. On 8/10/17, a record review was completed of the facility work schedule. The work schedule covered the period of 8/1/17 to 8/14/17. The work schedule documented Staff B was listed as working at the facility. The work schedule documented Staff B worked as a certified nursing assistant. On 8/10/17, at 2:50 PM, Staff A stated Staff B works at the facility. On 8/10/17 at 10:00 AM, Staff E stated the Agency for Health Care Administration would not be allowed to review the employee files because they are legal office records. On 8/11/17, review of the background-screening web site documented Staff B was hired on 11/1/15. The web site documented Staff B background screen expired on 3/25/17. Unclassified		