

RICK SCOTT GOVERNOR

ELIZABETH DUDEK SECRETARY

2015

Administrator Chambrel at Pinecastle 1801 SE 24th Road Ocala, FL 34471

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the 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 , 2015.

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 <a href="http://ahca.myflorida.com/Publications/Forms.shtml">http://ahca.myflorida.com/Publications/Forms.shtml</a> 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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely.

Kriste J. Mennella Field Office Manager

KJM/amw Enclosure



ADMINISTRATION		FORM APPROVED	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	AL11910267	01/21/2015	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE		
Chambrel At Pinecastle	1801 Se 24th Road Ocala, FL 34471		
	MMARY STATEMENT OF DEFICIENCE		
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)			

## **Revisit Corrected Tags:**

N276-Lns - Nursing Services-01/21/2015 N278-I ns - Records-01/21/2015

### Revisit New Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac 0162-Records - Resident-58a-5.024(3) Fac

## Specific Tag Findings:

0000-Initial Comments

On 1/21/2015, an unannounced follow up survey to a Limited Nursing Services survey was conducted at Chambrel at Pinecastle, Ocala. Deficient practice was identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure the accurate completion of a health assessment form for 1 of 3 residents observed (Resident #3).

#### FINDINGS:

A review of Resident #3's record revealed he was admitted to the facility on Contained review showed his initial health assessment (AHCA form 1823) was undated and incomplete The activities of daily living portion of the form, it showed resident needed supervision or assist but failed to specify what type or amount needed in the comments section. The assessment was not dated by the physician. The assessment did not show Resident #3 had a placed or that Resident #3 had frequent ..... Further review of the health assessment revealed there was no documentation of Resident #3's requirements for nursing services, physical or occupational (which began on

An interview was conducted with the Care Manager on 1:45 PM. The Care manager stated she was unaware of the resident having an or that the health assessment was not complete. She did agreed Resident #3' needs changed since admission but could not state why his health assessment had not been updated.

#### Class III

ADMINISTRATION		FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910267	01/21/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Chambrel At Pinecastle	1801 Se 24th Road Ocala, FL 34471	
	IMMARY STATEMENT OF DEFICIENCI D BY TAG AND REGULATORY IDENTIF	

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

Based on interviews, observation and record review, the facility faild to have a doctors order for an indwelling for 1 out of 4 residents reviewed.

### Findinas

on at 12:45 p.m. Resident #1 was obseved with a output bag placed beside him in his ...

at 12:45 PM an interview with Resident Care Assistant revealed she was caring for a On resident with a .....

at 1:45 PM the Director of Care Services was interviewed. She stated she was unaware On that Resident #1 with an indwelling ...... she expressed she thought he was recieving straight services from the home health nurse.

at1:50 PM Interview with the home health nurse showed nursing had obtained an order for on but was limited and to be discontinued on

Per interviews, no one could explain why the \_\_\_\_ was not discontinued or why nursing did not seek a physician to reorder the

# Class III