



ELIZABETH DUDEK SECRETARY

2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on yer representative(s) of this office.

Enclosed 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. Staff from this office will conduct a review after 2015 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella Field Office Manager

KJM/amw Enclosure



## AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER	(X3) DATE SURVEY COMPLETED
The ment of bentine to be	IDENTIFICATION NUMBER:	
	AL11910267	
	AL11910207	04/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE AT PINECASTLE	1801 SE 24TH ROAD	
	OCALA, FL 34471	
CUI	MAADY STATEMENT OF DECICIENCIES	,

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

## 0000 - Initial Comments

On \_\_\_\_\_ an unannounced biennial licensure and limited nursing survey was conducted at Brookdale at Pinecastle Assisted Living Facility in Ocala, Florida, Deficient practice was identified at the time of the survey.

## 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review the facility failed to ensure for 1 of 10 residents interviewed (resident ###)/received a physician's written medication order was verified, recorded in the resident's record and ordered from pharmacy in a timely manner. The facility also failed to discontinue pain medication for 1 of 10 Resident interviewed (Re

## FINDINGS:

On at 11:43 AM an interview with resident #8 revealed she went to the doctor on and complained of pain because the pain medication she was taking did not work. The doctor changed the medication. She said that when she returned from the doctor's office yesterday evening the prescription was given to the staff and they were to get the prescription filled. Resident #8 stated the facility staff told her she had to wait for the new medication. Today they told her the prescription was not filled. On a scale of 1-10 she reported the pain was a 10. She stated the pain radiated up from her feet to her back.

An interview on at 2:50 PM with the resident's daughter, revealed she received a call from the facility today about the pain medication. At 6:30 PM yesterday she and her mother came back from the doctor's office with the new prescription. She stated she was told the facility filled the prescription for her mother and pharmacy had not delivered it.

Class III

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

Based on record reviews and interviews the facility failed to provide the required in-service training within 30 days of hire for 2 of 3 direct care staff reviewed (staff A and C).

STATE FORM 3DPI11 Page 1 of 2

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	AL11910267	04/09/2015	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE		
BROOKDALE AT PINECASTLE	1801 SE 24TH ROAD		
	OCALA, FL 34471		
	MARY STATEMENT OF DEFICIENCIES BY TAGS AND REGULATORY IDENTIFY		

0081 Continued From page 1

## Findings:

On a record review was conducted on direct care staff A and C training records. Staff A was hired on but had not received her required in-service training as of the survey date. Direct care staff C was hired and had not received her in-service training as of this survey date.

On at approximately 9:15 AM during an interview with the facility Human Resource staff she stated that neither staff A or C have received their required in-service training as of this date, but are scheduled to take it later this month.

Class III

# 0090 - Training - \_\_\_\_ - 58A-5.0191(11) FAC

#### Findings:

On on during a record review of direct care staff training records, it was observed that staff A who was hired had no training documentation in her record. It was also observed that direct care staff hired had no training documentation in her record.

On at approximately 9:15 AM an interview was conducted with the facility Human Resource (HR) staff concerning the missing documentation. The HR person stated that neither staff have received the \_\_\_\_\_training as of this date. The are scheduled to take the training later this month when they take their Foundation training for the facility.

Class III