



RICK SCOTT  
GOVERNOR

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 , 2016 by 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. **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 , 2016.** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11910267</b>	(X3) DATE SURVEY COMPLETED  <b>02/10/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>BROOKDALE AT PINECASTLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 SE 24TH ROAD OCALA, FL 34471</b>	

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

**0000 Initial Comments**

On 9 & 10, 2016, a Biennial Licensure survey with Limited Nursing Services was conducted at Brookdale at Pinecastle Assisted Living Facility in Ocala. Deficient practice was identified at the time of the survey.

**0008 Admissions - Health Assessment**

Based on interview and record review, the facility failed to provide a completed AHCA Form 1823 on 1 of 2 Residents surveyed (Resident #10).

Findings:

A record review was conducted on Resident #10's AHCA Form 1823 dated . The form was incomplete in Section 1: Health Assessment: Part A: To what extent does the individual need supervision or assistance, comments are missing for the areas of 'needs supervision' in ambulation, bathing, dressing, toileting and transferring. The form was also incomplete in Section 2: Self-Care and General Oversight Assessment: Part A: Ability to perform self-care tasks, comments are missing for the areas of 'needs supervision' with preparing meals and with handling financial affairs.

An interview was conducted on at 12:15 PM with the Health and Wellness Director (HWD) regarding Resident #10's AHCA Form 1823 incomplete information. The HWD confirmed the AHCA Form 1823 was missing information. The HWD further stated "I do not know why they were not completed."

Class III

**0010 Admissions - Continued Residency**

Based on observation, interview and record review, the facility failed to provide a completed Agency for Healthcare Administration (AHCA) Form 1823 after a significant change occurred for 1 of 2 Residents (Resident #9).

Findings:

An observation was conducted on at 9:30 AM of Resident #9. A dressing was observed on Resident #9's area, while Staff C was turning the resident to his right side. Staff C questioned the resident when the dressing was placed on his area and the Resident stated "I think on Monday." Staff C stated "I will need to consult with the home care nurse regarding the dressing."

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/18/2016  
FORM APPROVED

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An interview was conducted on \_\_\_\_\_ at 10:00 AM with Staff C, Licensed Practical Nurse (LPN), regarding Resident #9. Staff C stated "Resident #9, back in \_\_\_\_\_ 2015, developed a \_\_\_\_\_ on his right \_\_\_\_\_ area, but it had healed." Staff C further stated she would need to investigate the home care nurse's notes regarding why a bandage was placed over the Resident #9's \_\_\_\_\_ area observed today,

An interview was conducted on \_\_\_\_\_ at 12:54 PM with the home health care skilled nurse, Staff E, Registered Nurse (RN). Staff E, RN stated "The \_\_\_\_\_ was treated for about eight (8) weeks then closed. The same \_\_\_\_\_ that had closed has re-opened. I saw the resident on \_\_\_\_\_ and his \_\_\_\_\_ located on his right lower \_\_\_\_\_ had re-opened."

An interview was conducted on \_\_\_\_\_ at 1:15 PM with the Health and Wellness Director (HWD) regarding missing \_\_\_\_\_ information and care information on Resident #9's AHCA 1823 form dated \_\_\_\_\_ and \_\_\_\_\_. The HWD stated, "Resident #9 developed a \_\_\_\_\_ on the right lower \_\_\_\_\_ on // \_\_\_\_\_ and received home care skilled nursing \_\_\_\_\_ care with a healed \_\_\_\_\_ dated // \_\_\_\_\_." The HWD stated, "I did a skin assessment on Resident #9 dated // \_\_\_\_\_ and skin was intact and no open areas." The HWD further stated, "After reviewing the skilled nursing notes dated \_\_\_\_\_ the \_\_\_\_\_ was reactivated." Reviewed the Skin observation form dated // \_\_\_\_\_.

An interview was conducted on \_\_\_\_\_ at 1:19 PM with Staff D, Licensed Practical Nurse (LPN) regarding Resident #9's resolved \_\_\_\_\_ located on the right lower \_\_\_\_\_. Staff D, LPN stated, "I observed the residents \_\_\_\_\_ skin to be intact and no open areas on // \_\_\_\_\_." Reviewed the Skin observation form dated // \_\_\_\_\_.

A record review was conducted on Resident #9. The record review revealed Resident #9 had a significant change in condition on // \_\_\_\_\_ of an acute \_\_\_\_\_ developed on the right lower \_\_\_\_\_. The AHCA Form 1823 in the Resident's chart was dated \_\_\_\_\_. The Health and Wellness Director (HWD) did produce an updated AHCA Form 1823 containing two (2) dates \_\_\_\_\_ and \_\_\_\_\_. The updated form was missing information related to a \_\_\_\_\_ or \_\_\_\_\_ care.

A record review was conducted of Resident #9's Home Care skilled nurse's notes. Review of the nursing note dated // \_\_\_\_\_ revealed an Acute \_\_\_\_\_ developed on the right lower area measuring "3 centimeter (cm) Length (L) x 3cm Width (W) x 0.1 cm Depth (D), partial thickness and no \_\_\_\_\_." "Pain frequency less than daily with complaints of aching and \_\_\_\_\_ partially controlled with rest and medication." Review of the nursing note dated // \_\_\_\_\_ revealed \_\_\_\_\_ on right lower \_\_\_\_\_ was completely \_\_\_\_\_. Review of the nursing note dated \_\_\_\_\_ revealed reactivated recurrence of the \_\_\_\_\_ on the right lower \_\_\_\_\_.

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Class III

**0030 Resident Care - Rihts & Facility Procedures**

Based on interview and policy and procedure review, the facility failed to ensure a grievance was investigated for 1 of 10 residents sampled, Resident #7.

Findings:

An interview was conducted on \_\_\_\_\_ at 11:25 AM with Resident #7 and she stated "Three to four months ago I had \$60.00 and a sack of nickels go missing. They told me they were going to make a report and call the police. The police never came up here to talk with me. They didn't do anything about it. My daughter complained and still nothing happened."

Record review of the Grievance Log showed dated there was no grievance documented for or by the Resident.

An interview was conducted on \_\_\_\_\_ at 3:07 PM with the Executive Director and he stated "I was not able to find any documentation of a grievance. I will have to go and complete an investigation now."

An interview was conducted on \_\_\_\_\_ at 3:56 PM with the Executive Director and he stated "I spoke with the resident; she says that she reported it in \_\_\_\_\_ or \_\_\_\_\_ that a bag of nickels was missing. It would be too far past to involve law enforcement. We had another Executive Director then and I can't see where the grievance is documented or the investigation was done. I even checked our 800 log it is a number they can call to report missing items and there is nothing documented. I can't find any grievances about the missing money."

An interview was conducted on \_\_\_\_\_ at 9:58 AM with Resident #7's daughter and she stated "My mother complained about the money being missing. She has all of her faculties and would know if money was missing. She reported to the authority there and as far as I know nothing was done. We would ask about it, and still it seemed nothing was done. After asking several times we decided it wasn't a lot of money so we just let it go."

Record review of the Policy and Procedure titled, "Resident Complaint/Grievance Procedure FL-12" Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_, Last Revised: \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ showed: In the event a resident and/or resident's guardian (on behalf of the resident) has a complaint regarding the community or its services, the following steps should be taken. 1. Resident and/or resident's guardian should discuss complaint with the associate and/or Supervisor. 2. If unable to resolve complaint with step 1, the complaint should be submitted in writing to the Executive Director. The Executive Director should respond in writing to the resident and/or resident's guardian within fourteen (14) days of receipt of the complaint.

Class III

**0055 Medication - Storage and Disposal**

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Based on observation, interview and policy and procedure review, the facility failed to ensure medications were secured while unattended, on 1 of 3 floors (2nd Floor).

**Findings:**

An observation conducted on \_\_\_\_\_ at 1:35 PM of Staff D, Medication Technician (MT) showed the MT was observed on the first floor in front of the entry door talking to another staff member. The MT had a container with medication pill \_\_\_\_\_ packs. A request was made to observe the MT assisting with medications. The MT stated she had to return to the nurses' station and she had one more resident to assist. The nurses' station was located on the second floor, and when the elevator door opened there was no staff observed. In front of the nurses' station a medication cart was unlocked and contained multiple medications.

An interview was conducted on \_\_\_\_\_ at 1:38 PM with Staff D, and she stated, "Oh, when I left, I left the cart unlocked. It's not supposed to be left on unlocked. Lucky thing none of my residents got to it."

An interview was conducted on \_\_\_\_\_ at 2:15 PM with Staff A, LPN she stated "Medication carts are to be locked when not in use. When I walk around I will check the carts to make sure they are locked."

An interview was conducted on \_\_\_\_\_ at 9:34 AM the Health and Wellness Director and she stated "The expectation is that the carts are to be locked at all times when the Medication Technicians are not in them, or actually giving medications."

Record review of the Policy and Procedures titled, "Medication & Treatment - Storage Policy - CS-40-16" showed Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last Revised: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1. Medications and treatments stored by the community are to be stored in designated locations that must be locked when not in use or when unattended.

Class III

**0091      Trainina - Documentation & Monitorina**

Based on record reviews and interviews, the facility failed to provide all training documentation as required for 1 of 3 staff members (Staff B).

**Findings:**

On \_\_\_\_\_ a record review was conducted on direct care staff B. It was observed that she was missing training documentation for activities of daily living and behavior needs, emergency preparedness and evacuation training, incident reporting training, resident rights training, recognizing reporting

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neglect and \_\_\_\_\_ training, nutritional & safe food handling training, 4 hours medication training.

On \_\_\_\_\_ at 10:04 AM an interview was conducted with the Business Office Coordinator concerning the missing documentation. She stated that Staff B has had all the required training. The training was documented in writing only. She thinks certificates have been misplaced because now everything is done on the computer. She stated "I just need to find the documentation."

Class III

**Z816 Background Screening-Compliance Attestation**

Based on record review and interview, the facility failed to obtain a Level II Background Rescreening for 1 of 3 care staff (Staff B).

Findings:

On \_\_\_\_\_ a record review was conducted on direct care Staff B. It was observed that her current Level II Background Screening was dated on \_\_\_\_/\_\_\_\_/\_\_\_\_.

On \_\_\_\_\_ at approximately 10:4 PM, an interview was conducted with the Business Office Coordinator in reference to the expired Level II Background Screening for Staff B. She stated Staff B did not have a Level II Background Screening as required.

Unclassified