

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED 10/16/2013
NAME OF PROVIDER OR SUPPLIER Pine Grove Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 9555 S.E. Federal Highway Hobe Sound, FL 33455	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated Assisted Living Facility biennial relicensure survey was conducted on
Pine Grove Manor, had licensure deficiencies found at the time of this visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview, it was determined the facility failed to practice safe medication practices while providing assistance with self-administration of medications, for 1 out of 5 sampled residents (Resident #7).

On at 8:20 AM, Employee A provided Resident #7 her medications by placing them on a napkin on the counter in front of the resident. Resident #7 was having some difficulty picking up a very small, round, white pill, and the pill ended up falling on the floor next to her. Resident #7 stated, that she could not bend over to retrieve the pill. Employee A told the resident not to worry about picking up the pill, she would retrieve it. Employee A walked out from behind the front desk and went around to where the resident was standing, bent over and picked up the pill from the floor. Employee A then placed the pill she had picked up from the floor on top of the napkin where the other medications had been placed. The resident proceeded to take the pill with the water provided.

At 8:30 AM, during interview with Employee A regarding the failure to dispose of the medication which had on the floor, Employee A stated, "The residents usually tell me to just give it [pill dropped on floor] to them instead of throwing it [the pill] away."

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and staff interview, the facility staff providing assistance with self-administered medications failed to read the medication labels of the medications being provided to the residents, for 5 of 5 residents observed receiving medication assistance (Residents #5, #6, #7, #8, and #9).

The findings include:

1) On beginning at 8:10 AM, Employee A was observed providing assistance with self-administered medications to Residents #5, #6, #7, #8, and #9. With each medication assistance opportunity, Employee A failed to read the medication labels of the medications being provided to the residents.

At 8:30 AM, during interview with Employee A regarding the failure to notify the residents of each medication provided, Employee A did not think the medication labels needed to be read to the residents since all the medications were pre-packaged together in the bubble-packs that came from the pharmacy.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Pine Grove Manor
9555 S.E. Federal Highway
Hobe Sound, FL 33455

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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. Staff from this office will conduct a review after , 2013 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 <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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

