RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Residence at Timber Pines, The
3140 Forest Road
Spring Hill, Florida 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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. Staff from this office will conduct a review after , **2014** 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965482	06/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residence At Timber Pines (the)	**3140 Forest Road Spring Hill, FL 34606**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

On , an unannounced biennial licensure survey was conducted at Residence at Timber Pines Assisted Living Facility in Spring Hill, Florida. Deficient practice was identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews the facility failed to have freedom from documentation for 1 of 3 staff members (Staff A).

Findings:

1. On Staff A's employee record was reviewed. A review of the record revealed Staff A was hired on Continued review of this record revealed Staff A had a questionnaire completed by a Licensed Practical Nurse (LPN), dated on Staff A did not have evidence of a negative examination on file.

2. On 9:26 AM an interview was conducted with the facility's Director of Nursing (DON). She was asked why did staff A not have the yearly documentation for in her record. The DON stated when staff A was due for a test she was and had a questioner exam only, but it was not conducted by a licensed physician.

Class III