RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014008029

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative 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. Should you have any questions please call this office at (386)4 62-6201.

Sincerely,

Kriste 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	10/14/2014
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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced complaint survey CCR #20014008029 was conducted at residence at Timber Pines Assisted Living Facility in Spring Hill, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based upon record reviews and interviews the facility failed to have a completed health assessment for 1 of 4 residents sampled (resident #1).

Findings:

On resident #1's record was reviewed. The review revealed resident #1's health assessment (AHCA form 1823) was incomplete. The health assessment did not have a documented date of examination (page 4), The medication question regarding the type of assistance needed for medications was not completed (page 4), the Required Activities of Daily Living comments were missing (page 2) and the medical history, physical limitations and behavioral information was missing on page 1.

On at approximately 11:20 AM an interview was conducted with the facility Director of Nursing (DON). She was asked if the incomplete 1823 health assessment was the most recent health assessment in the resident #1 record and she stated yes. She said the health assessment was completed by the rehab doctor back in 2014 or 2014 when resident #1 returned from rehab after breaking her hip. She said it should have been caught before it was placed in the residents record and completed.

Class III