

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/25/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED 08/11/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced abbreviated Relicensure survey was conducted on 08/11, 2015 at Pine Grove Manor. The facility had deficiencies found at the time of the visit.

0081 Training - Staff In-Service

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) who provides direct care to residents had received at least one hour of training in the facility's Emergency Procedures and Incident Reporting and training in the facility's Elopement Policy and Procedure within 30 days of hire.

The findings include:

Review of the personnel file for Staff C who provides direct care to residents revealed there was no documentation of at least one hour of training in the facility's Emergency Procedures and Incident Reporting and training in the facility's Elopement Policy and Procedure completed within 30 days of hire. Staff C was hired on 08/04/15.

The assistant administrator was interviewed at approximately 1:00 PM on 08/11/15 and confirmed that the training had not been completed. No additional documentation of the required training was presented at this time.

Class III

0090 Training -

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) who provides direct care to residents had received at least one hour of training in the facility's Emergency Procedures and Incident Reporting and training in the facility's Elopement Policy and Procedure within 30 days of hire.

The findings include:

Review of the personnel file for Staff C who provides direct care to residents revealed there was no documentation of at least one hour of training in the facility's Emergency Procedures and Incident Reporting and training in the facility's Elopement Policy and Procedure completed within 30 days of hire. Staff C was hired on 08/04/15.

The assistant administrator was interviewed at approximately 1:00 PM on 08/11/15 and confirmed that the training had not been completed. No additional documentation of the required training was presented at this time.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/25/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED 08/11/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

training had not been completed. No additional documentation of the required training was presented at this time.

Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2015

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
2015 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XX90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone: (561) 381-5840; Fax: (561) 496-5924
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida