Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966269	A. BUILDING: _____ B. WING _____	11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA	2680 SW 53 RD LANE GAINESVILLE, FL 32608

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A biennial re-licensure and COVID-19 focused control survey was conducted at Oak Hammock at the University of Florida on - 10, 2020. Licensure deficiencies were identified. There were no control deficiencies identified.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide an environment free of hazards for 9 of 9 residents residing in the Memory Care Unit. Residents #s 3, 4, 11, 12, 13, 14, 15, 16, and 17. [Photographic Evidence] Findings: An observation of the Memory Care Unit on beginning at 8:45 AM revealed 9 of 9 resident rooms had doors that shut automatically and slammed hard. Leaving Resident #3's room, the bag slipped that was propping open the door, and the door slammed right behind Resident #3 as she moved very quickly ahead of it. The following residents rooms had doors that were propped open with various items: Resident #3 had a paper bag crushed and jammed under the door, Resident #4 had a decorative log, Resident #11 had a brick, Resident #12 had a vacuum cleaner, Resident #13 had an unfinished wooden wedge, Resident #14 had a brick, Resident #15 had a wheelchair, Resident #16 had a decorative cat, and Resident #17 had a dining chair. Each item was in the doorway, easily tripped over, and did not prevent the doors from slamming. Review of the resident records revealed:	A 152		

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A 152	Continued From page 2 Resident #3's Health Assessment included a diagnosis of , memory loss with an unsteady gait and was on precautions; Resident #4 was noted with precautions, unstable gait, ambulates with walker, and memory loss; Resident #11 was assessed with with behavioral disturbance, high risk, uses walker and wheelchair, and ; Resident #12 listed memory limitations, precautions, and disk ; Resident #13 had short term memory , uses rolling walker, risk, risk, and communication ; Resident #14 was noted with with behavioral disturbances, , precautions, able to ambulate, and needs assistance with safety and cueing; Resident #15 had , rollator for ambulation, requires -to-interaction for communication, and precautions; Resident #16 had with behaviors, rolling walker, baseline , and precautions; and Resident #17 had with behaviors, ambulates independently, alert/oriented only to self, and behavior. During an interview with the Licensed Practical Nurse/Staff C assigned to the Memory Care Unit on at 10 AM, she confirmed the resident doors in the unit close automatically and slam hard. She stated they prop them open for safety purposes. She reported the residents are ambulatory with assistive devices and residents cannot open the doors or hold the doors open once they start to shut. She confirmed the items used to prop the doors open were not safe and some were not good alternatives for control purposes. During an interview with the Administrator on	A 152		

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A 152	Continued From page 3 . . . . . at approximately 2:30 PM, she confirmed the resident room doors automatically close on the Memory Care Unit. She stated the doors were propped open with items that were not safe and nor easily cleaned for . . . . control purposes. Class III	A 152		