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
	AL11911086	A. BUILDING: _____ B. WING _____	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE OAKS REST HOME	611 OLD WELAKA ROAD WELAKA, FL 32193

(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 An unannounced re-licensure survey with Emergency Power Plan and Limited Nursing Services monitoring was conducted at Five Oaks Rest Home on , . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , . exposure to transmissible agents in , , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a . . shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure employees followed	A 036		

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A 036	Continued From page 1 control procedures while assisting with self-administration of medication for 3 of 3 residents sampled, Residents #5, #6, and #7.) (Staff A, Medication Technician) Findings include: During a medication observation conducted on , . at 11:15 AM, Staff A, Medication Technician was observed providing assistance with self-administration of medication to Residents # #6, and #7. Staff A did not use proper control (hygiene) before taking the medication out of the medication bottle or after giving medication to each of the residents. During an interview on , . at 11:30 AM with Staff A, she stated "I usually wear clothing that have pockets in them so I can carry sanitizer with me." During an interview on , . at 11:51 pm with the co-administrator, she stated her expectations for the medication technician are to wash before assisting with administering of medication and after assisting with administration of medication. Review of facility policy titled, " Control Policy," (undated) documented, " washing is the most important method of control...Procedure Title: Standard Precautions: 1) must be washed between any tasks that have possibility of transferring from resident to resident. 2) When having direct contact or potential for direct contact with any , , gloves must be worn. 3) Wash and change gloves when moving from one task to	A 036		

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A 036	Continued From page 2 another in the resident's room. 4) Use gloves when cleaning areas that may have had contact with or . 5) Use gloves when handling soiled clothes and soiled linens. 6) Use gloves when working with resident . 7) Gloves must must be properly discarded when moving from resident to resident. 8) The facility must clean and reusable medical equipment and communal assisted devices that are designed for use by multiple residents before and after each use in accordance with the manufacturer's recommendations. (, cuffs, [ ] and thermometers.)" Class III	A 036		