FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Spring Oaks
7251 Grove Rd
Brooksville, FL 34613

Dear Administrator:

Re: CCR #2012013057

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Enclosed is the provider's copy of the State (3020) 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 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) 462-6201.

Sincerely,

Kriste Brugi for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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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
	AL11966595	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING OAKS	7251 GROVE RD BROOKSVILLE, FL 34613

(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 On unannounced compliance survey CCR #20112013057 was conducted at Spring Oaks of Brooksville Assisted Living Facility in Brooksville Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 027 SS=D	58A-5.0182(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to needed health care, the facility shall, as needed by each resident: (a) Assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation for persons with _____. (c) The facility may not require residents to see a health care provider. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility did not arrange for adequate health care for 1 or 7 residents for resident #4. Findings: On at approximately 12:30 PM during a tour of the facility's Memory Unit it was observed resident #4 had oozing head	A 027		

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A 027	Continued From page 1 from radiation treatments for [redacted]. It was observed that his pillow case had several [redacted] spots on his pillow and there were used paper towels sitting on a dresser which he used to soak up fluid from his head. When resident was asked who was providing [redacted] care for his head he said no one was, he took care of his own sores. On [redacted] at approximately 2:25 PM an interview was conducted with the head nurse LPN of the facility in reference to resident #4 [redacted] care. The Nurse was asked what type of [redacted] care was being provided for resident #4 and she said she thinks [redacted] wash. During a record review on [redacted] with the same nurse it was discovered that there was no doctor orders for [redacted] wash or [redacted] care for resident #4. The LPN was advised to make contact with the resident's physician and advise him of the residents condition, which she did. On [redacted] at approximately 3:44 PM the facility obtained physician orders for resident #4 to start receiving Home Health services for [redacted] care. Class III	A 027		