AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Five Oaks Rest Home
611 Old Welaka Road
Welaka, FL 32193

Dear Administrator:

Re: CCR #2013008338

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 , 2013 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste Burgi for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911086	09/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Oaks Rest Home	**611 Old Welaka Road Welaka, FL 32193**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

On 2013 an unannounced compliance survey, CCR#8338201300 was conducted at Five Oaks Rest Home located in Welaka, Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on interview and review of the medication observation record (MOR) the administrator failed to ensure that 4 (#1, #2, #4, #5) of 22 residents in the facility received their medications in a timely manner.

Findings:

1. Review of the resident ' s MOR for 2013 revealed that the resident was out of the 30 mg medication from and the 10 mg medication from

2. Review of resident MOR revealed that the resident was out of the 0.25 mg medication from 7-8, 2013.

3. Review of resident MOR revealed that she was out of the 10 mg medication from 1-4, 2013

4. Review of resident MOR revealed that the resident was out of the Carb/Levo 25-100 mg tab from 1-9, 2013 that is to be taken three times a day and the 0.5 mg that is to be taken three times a day from 5-9, 2013.

Class III