STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910071	10/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oakland Manor	2812 N. Nebraska Avenue Tampa, FL 33602	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey with limited mental health services (LMH) was conducted on .

The Oakland Manor, assisted living facility, had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview, one of two residents whose files were reviewed (#3) did not meet minimum admission criteria.

Findings include:

A review of resident files during the survey found that the latest health assessment for Resident #3 from indicated a diagnosis of a communicable . Further review of the assessment revealed that "the resident posed a risk of transmitting this to others." A review of the remainder of Resident #3's file found no subsequent evaluation stating that this potential threat had been mitigated or eliminated. Interview with the administrator at approximately 2 p.m. on indicated that he and his wife were aware of this situation and were attempting to be cautious around the resident."

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview, the facility did not maintain a sufficient number of weekly staffing hours.

Findings include:

A review of the facility's staff schedule found that for the week of - , a total of 248 hrs. had been scheduled/worked. With a total census of 27, this required a minimum of 294 hours. Thus, the facility short by about 46 hours. Interview with the administrator at approximately 11:30am on verified that the schedule he had provided this writer was accurate.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910071	10/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oakland Manor	2812 N. Nebraska Avenue Tampa, FL 33602	

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

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview and record review, the administrator had not obtained the annual 2 hour update in nutritional topics pertinent to an ALF. Findings include:

In an interview with the administrator at approximately 12:30pm on , the administrator stated that he was in charge of the facility's food service/nutrition. A review of the administrator's personnel record found no current 2 hour nutritional seminar/update certificate. Interview with the administrator at approximately 1pm on revealed that he had taken a 1hour food safety course , but nothing else within the past year.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, one of two limited mental health (LMH) residents sampled (#1) did not have all required documentation.

Findings include:

An interview with the administrator at approximately 10:45am on revealed that Resident #1 was a LMH resident. A review of Resident #1's record revealed a community living support plan and no agreement. Further review of this file found no appropriate placement assessment provided by the resident's mental health provider verifying that the resident had been assessed and found appropriate for residence in an assisted living facility. Interview with the administrator at approximately 1:45pm on confirmed that these papers had not been obtained.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Oakland Manor
2812 N. Nebraska Avenue
Tampa, FL 33602

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on , 2013, by representative(s) 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. Staff from this office will conduct a review 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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