



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Mission Oaks Assisted Living
10780 North US Highway 301
Oxford, Florida 34484

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 2014 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 J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967831	(X3) DATE SURVEY COMPLETED 03/18/2014
NAME OF PROVIDER OR SUPPLIER Mission Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 10780 N Us Hwy 301 Oxford, FL 34484	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

On 17-18, 2014 an unannounced Biennial and Limited Nursing Services Licensure survey was conducted at Mission Oaks Assisted Living Facility. There were deficiencies as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review the facility failed to ensure that the AHCA Form 1823 was complete for 1 (#10) of 2 residents in the record review sample.

Findings:

Review of resident #10 clinical record revealed that he AHCA Form 1823 dated did not contain the following information: the resident's height and weight, the health care provider did not check off whether or not the resident's needs could be met in an assisted living facility, medications was not listed, the type of assistance the resident required for medications was not checked and the health care providers medical license was not documented on the form.

Class III