STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910842	04/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oaks Of Clearwater, The	420 Bay Avenue Clearwater, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey with limited nursing services (LNS) was conducted on .

The Oaks of Clearwater Assisted Living Facility had deficiencies at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observations and interview, the facility staff failed to properly assist with self-administration of medications for 2 (Residents #10 and #11) of 2 residents sampled during the medication pass.

Findings include:

Observations during the medication pass on at approximately 11:55am and 12:00pm for Residents #10 and #11 revealed that Staff F, a medication technician, did not clean or sanitize her hands before handling the medications for either of the residents. She also did not inform Residents #10 and #11 of the names and directions of the 12:00pm scheduled medications that they took.
In the interview with Staff F on at approximately 12:05pm, she acknowledged that she needed to clean her hands and tell the residents about the medications she was giving.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record reviews and interview, the facility failed to ensure that all direct care staff had certificates for all required training completed for 1 (Staff A) of 3 staff members sampled for employee review.

Findings include:

Review of Staff A's employee records revealed that her date of hire was . There was no documentation for the completion of training for the facility's policy and procedures for ( ) and for recognizing and reporting , neglect, and in her records.
In the interview with the assisted living (AL) administrator on at approximately 6:15pm, she acknowledged the missing employee training.
Review of the fax sent by the AL administrator on revealed that Staff A had completed an in-service training for . There was no certificate for the training. There was no date on the sign-in sheet for the

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training and the number of training hours was not indicated. Staff A also completed an ins-service training for and neglect. The training was completed on . The number of training hours was not indicated on the sign-in sheet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Oaks of Clearwater, The
420 Bay Avenue
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on , 2014, 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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