STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	05/08/2014
NAME OF PROVIDER OR SUPPLIER **South Oaks Assisted Living Home, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 Sw 34th Street Miramar, FL 33023**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . . at South Oaks Assisted Living Home. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure that an initial Resident Health Assessment form (AHCA form 1823) was completed for 1 out of 2 residents (Resident #5) and that the current 1823 for 1 out of 2 residents (Resident #5) was completed thoroughly.

The Findings Include:

1. During record review conducted on . Resident #5's current health assessment (AHCA form 1823) dated . was reviewed. Resident #5 was admitted to the facility on . There was no health assessment on file 60 calendar days prior to admission or within 30 calendar days of the admission date.

In an interview conducted on . at 2:40 PM, the Administrator stated the initial 1823 form should be in the resident's chart as he had it taped to the most current one. No additional information was provided.

2. Record review of Resident #5's current 1823 form dated . indicated diagnoses of . . . . . and . . . . . Further review revealed Section 1, D, asking if the resident's needs can be met in an Assisted Living Facility (ALF), was blank. In addition, Section 1A, did not list what type of assistance in transferring Resident #5 required.

At 3:00 PM, the Administrator acknowledged the findings.

Class III

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0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to ensure that the Medication Observation Record (MOR) reflected the current medications for 1 out of 4 residents (Resident #7) and did not explain any missed medication dosages for 1 out of 4 residents (Resident #4).

The Findings Include:

1. A medication reconciliation was completed on at 1:00 for 4 residents. The reconciliation revealed Resident #7 had Restatis and Lotemax eye drops labeled with her name on them. A review of the resident's 2014 MOR revealed these medications were not listed.

In an interview conducted on at 1:55 PM, the Co-Owner stated the two eye drops should be on the resident's current MOR, since they were listed last month. She stated that the pharmacy sometimes drops a medication off the current MOR by mistake. The Co-Owner verified that Resident #7 currently receives both eye drops.

2. During review of Resident #4 ' s MOR for the month of 2014, the following was noted. On and , two dashes were listed for Resident #4's Metroprolol 25 mg. The medication label and MOR revealed the resident takes 1 tablet every day. Parameters listed to hold the medication for a rate less than 60 and (SBP) less than 100. There was no indication on the back of the MOR or on the resident's observation logs what the dashes represented.

At approximately 1:45 PM, the Co-Owner stated the dashes meant the resident did not take the medication because her rate or SBP was less than the parameters noted. The Co-Owner and Administrator stated the resident takes her own and rate and shows it to whoever is on staff. They stated that the resident's 1823 form indicates she requires assistance with self-administration of medication which was verified; confirmed through record review.

The Co-Owner and Administrator stated they do not list anything on the back of the MOR because an instructor of a course on assistance with self-administration of medication told them they could not list items, including , or rate, because it is titled, "Nurse's Medication Notes" and they are not nurses.

Class III

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0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation and interview, the facility failed to maintain a written work schedule that reflects a 24-hour staffing pattern for a given time period for a census of 8.

The Findings Include:

During a tour of the facility conducted on [redacted] at 8:20 AM, a staffing schedule was posted on the bulletin board in the dining [redacted] a date of [redacted] 2014.

Upon request for the facility current staffing schedule, the Administrator stated at approximately 10:15 AM, that the schedule was completed but it was stored on his phone and he was having problems accessing it. He stated the staffing schedule was not on his computer to print out. He added he forgot to put the current month's schedule on the board.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Oaks Assisted Living Home, LLC
6141 SW 34th Street
Miramar, FL 33023

Dear Administrator:

Re: Relicensure Survey

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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