



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

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: 06/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911086	(X3) DATE SURVEY COMPLETED 05/15/2014
NAME OF PROVIDER OR SUPPLIER Five Oaks Rest Home	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services licensure survey was conducted at Five Oaks Rest Home, an assisted living facility in Welaka, Florida. Deficient practice was identified at the time of the survey. The facility was not in compliance.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to ensure 1 of 7 staff members reviewed received a level II background screening before hire and after having break in employment of more than 90 days (Staff A).

Findings:

1. Review of the employee personnel file revealed a job application with Staff A's previous employment dates listed as from _____ to _____. Staff A's background screening was dated _____. Staff A's date of hire is listed as _____.
2. On _____ at 1:14 PM an interview with the co-Administrator revealed she did not remember verifying employment for the med tech caregiver when she was hired on _____. Further interview with the co-administrator revealed she was unaware of needing another level II background screening when there was more than a 90 day break in employment.

Unclassified