STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	1759 Alabama Drive Winter Park, FL 32789	
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
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= B
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Initial Comments
The re-licensure survey was conducted on . . . . . Alabama Oaks of Winter Park Assisted Living 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 the medical examination was accurately recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities 2010) for 1 of 2 sampled residents (#2).

Findings:

Record review for resident #1, who was admitted to the facility on , revealed the AHCA form 1823 noted the resident required administration of medication. (This would require a nurse to administer).

Review of the Medication Observation Record (MOR) revealed that the unlicensed staff was giving the resident his medications.

In an interview with the administrator on . . . . . at approximately 4:00 PM she stated the health care provider checked the wrong box, the resident did not need his medications to be administered because he was capable of taking his medications with assistance. The administrator stated she would contact the health care provider and have the form corrected.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	1759 Alabama Drive Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on contract review and interview the facility did not have a written statement that accurately reflected the times when the social and leisure activities were offered by the facility for 2 of 6 sampled residents (resident #1 and #2)

Findings:

Review of the facility's contract for resident #1 and #2 that was part of the admission package revealed that the activities were offered 10 hours of activities, 5 days a week; which was not pursuant to 58A-5.0192(2) (c) FAC that required the facility to offer activities 12 hours of activities 6 days a week.

In an interview with the administrator on [redacted] at approximately 4:00 PM she stated she could not find the information. The administrator stated she would provide an addendum to the contract for resident #1 and resident #2.

Class

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility did not ensure the coordination of care between the Assisted Living Facility (ALF) and the licensed hospice agency, including developing and implementing an individualized Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 1 of 2 Sampled residents (#2).

Findings:

During an interview with Staff B on [redacted] at 10 AM stated resident #2 received Hospice Services.

Record review for Resident #2 revealed that she was admitted to Hospice on [redacted] and there was no Interdisciplinary Care plan that was made in coordination between the ALF and the Licensed Hospice agency to ensure that the residents need's could be met at the facility.

During an interview with the hospice nurse on [redacted] at approximately 11:45 AM, she stated she had searched resident #2's chart and could not locate the Hospice Interdisciplinary Care Plan.

During an interview with the administrator on [redacted] at approximately 3 PM, she stated she could not locate the hospice Interdisciplinary care plan and she thought that she had completed one with the hospice agency.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	1759 Alabama Drive Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure that all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medications to 1 of 2 sampled residents (#4) who was not capable of assisting with the self-administration of her medications and did not ensure that 3 of 3 Sampled staff (B) obtained an Annual statement from the health care provider documenting Freedom for

Findings:

Observations on at approximately 1 PM revealed the unlicensed staff removed the medication from the pill pack and placed it in a bowl of applesauce and mixed them together. Further observations revealed the unlicensed staff told resident#2 who was the name of medication she was giving to her and fed the medication to her on a spoon. The unlicensed staff also put the cup to the resident's mouth and gave her the water after she fed the applesauce and medication to her. Resident #2 was and was not capable of assisting with the self-administration of her medications.

During an interview with the administrator on at approximately 2 PM (who was a nurse) stated she was not aware that the unlicensed staff could not feed the residents their medications.

Personnel record review for staff B hired revealed a Chest X-ray that was dated Further personnel record review revealed that was no documentation to confirm from a health care provider that she did not constitute a risk of communicating

During an interview with the administrator on at approximately 3 PM, she stated she was not aware that an annual health care provider's statement documenting Freedom for was required when the staff had the X-ray conducted.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 2 sampled staff (C) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for staff C revealed she was hired and the following training was not received within 30 days:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	1759 Alabama Drive Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. There was no certificate found.
2. Resident rights in an assisted living facility and Recognizing and reporting resident neglect, and . There was no certificate found.
3. Facility's resident elopement response policies and procedures. There was no certificate found.
4. Safe food handling practices. There was no certificate found.
5. Reporting major incidents and Reporting adverse incidents. There was no certificate found.
6. Policy and Procedure training. There was no certificate found.

In an interview with the administrator on at approximately 4:00PM, she stated she could not find the certificates. An opportunity was provided for the administrator to find the certificates but she was not able to find any of the certificates.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to ensure that a staff member who held a currently valid card that documented the completion courses in First Aid and was in the facility at all times.

Findings:

Review of the staff schedule revealed that there was two staff that worked each shift (9AM-9PM and 9PM-9AM). Further review of the schedule revealed that Staff B was scheduled to work on (day of the survey) at 9 AM-9 PM, Staff C was scheduled to work 9 PM-9 AM.

Personnel record review for staff B revealed the only documentation to confirm she had complete a First Aid Course expired on

Personnel record review for staff C revealed the only documentation to confirm she had completed a First Aid and Course Expired in

On at approximately 2 PM the administrator was asked to provide documentation to confirm at least one staff from each shift had a current First Aid and card.

During an interview with the administrator on at approximately 3 PM, she provided documentation of the other staff that worked at the facility and their First Aid and had also expired. She stated she was not aware that there was a requirement for a staff with current First Aid and to be at the facility at all times.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	1759 Alabama Drive Winter Park, FL 32789	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review, observations and interview the facility failed to have evidence that 1 of 3 sampled unlicensed staff (B), who provided assistance with the resident's medications received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

During an interview with staff B on [redacted] at approximately 9:30 AM, she stated she assisted the residents with the self-administration on Medication. At approximately 12:15 PM, staff A was observed assisting the residents with their medications.

Personnel record review for staff A revealed the last documentation to confirm that she had obtained the 2 hours of continuing education training was dated [redacted] (due [redacted]

During an interview with the administrator on [redacted] at approximately 3:30 PM, she stated staff B had the required update and she could not find her certificate.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on facility record review and interview the facility failed to ensure there was a person designated in writing to be responsible for total food services and the day to day supervision of food services staff.

Findings:

Review of the facility's documentation revealed that there was no documentation found to determine who was responsible for total food services and the day to day supervision of food services staff.

The administrator was asked at approximately 4:00 PM who was responsible for total food services and the day to day supervision of food services staff and she did not know.

Class [redacted]

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to obtain weighs semi-annually for 1 of 2 sampled residents (#2) who required assistance with Activities of Daily Living.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alabama Oaks Of Winter Park	**1759 Alabama Drive Winter Park, FL 32789**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review for resident #2 revealed an Resident Health Assessment Form that was dated [redacted] that noted she required Assistance with all of her Activities of Daily Living. Resident #2 was admitted to Hospice on [redacted]. Resident #2's weight records for 2012, 2013 and 2014 noted "unable to weigh non-weight bearing".

During an interview with the administrator on [redacted] at approximately 3 PM, she stated resident #2 weights were not taken as required because she was non-weight bearing.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Alabama Oaks Of Winter Park
1759 Alabama Drive
Winter Park, FL 32789

RE: Biennial Re-Licensure

Dear Administrator:

This letter reports the findings of a state licensure survey 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 after . . . . . 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com