RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus at Oak Park
650 East Minnehaha Avenue
Clermont, Florida 34711

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 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,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964596	09/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Oak Park	650 East Minnehaha Avenue Clermont, FL 34711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A relicensure survey was conducted on . 2014 and . 2014. Emeritus at Oak Park had Licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on interview and record review, the facility failed to complete a face-to-face medical examination by a health care provider for 1 (Res. # 14) of 15 sampled residents after a significant change in residents status. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823 .

Findings:

Record review of Res. # 14 revealed she was admitted to the memory care unit on . Review of AHCA form 1823 dated revealed the resident was independent on ambulation, bathing, dressing, eating, self-care , toilet use, and transfers.

Interview with the Resident Care Director on at 1:12 PM stated that this resident is definitely not independent with her activities of daily living. Resident Care Director (RCD) confirmed that Form 1823 is not current according to Resident # 14's current functional level.

Interview with the day shift medication technician on at 1:35 PM stated that the resident cannot do anything for herself and requires assistance in all her activities of daily living such as bathing, transfers, toilet use and ambulation.

Interview with the Administrator on at 3:00 PM stated and confirmed that the AHCA form 1823 was not updated. She stated that the We Care electronic system that the facility uses revealed a significant change of the residents functional status in 2014.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interviews and record review, the facility to ensure personal dignaty for of 1 of 15 (Resident #11) sampled residents specific to bathing and toilet use.

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Findings:

Interview with Resident # 11 on at 9:55 AM in his that he has been here for 1.5 months. Resident stated that he is 290 pounds and requested for a bedside commode since the commode that the facility provided to him was unsafe and does not fit. Resident stated that he had not had a full shower since admission and just providing himself a sponge bath since ;"my scooter has not arrived yet and I can do more if I am in the scooter",

Observation on at 10:06 AM revealed in his standard gray bedside commode. placed near the foot of his bed. Resident stated that he cannot use the because it does not have a strong grab bar and is too fragile for him. Observation of the residents' at 10:10 AM revealed a standard elevated portable seat commode placed over the toilet seat and does not seem sturdy for a 290 pounds resident.

Interview with the lead medication technician / Certified Nursing Assistant (CNA) on at 4:55 PM stated that he has worked here for 4 years. In terms of this residents activities of daily living, he stated they provide a sponge bath to this resident. When asked if he ever had a shower since admission of 2014, he replied, no he has not because he is waiting for a durable medical equipment to come so he can use it in the shower.

Interview with a the 3 PM -11 PM medication technician on at 5:14 PM stated that she had given this resident a sponge bath at least 5 x since admission. She stated he never had a shower since admission because he is waiting for his special chair to come.

Interview with Res. # 11 on at 10:30 AM stated that he had asked the director of the facility, about a larger commode and was told that he needs to call the durable medical equipment (DME) company.

Record review revealed the resident received sponge bath from facility staff.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on interview and record review the facility failed to ensure that two elopement drills were conducted each year and that all staff participated.

Finding:

During the interview with the administrator on at 4:00 PM she stated that she could not locate the elopement drills for 2013.

Review of the facility's elopement drills for 2014 revealed that the elopement drill conducted on at 2:00 PM did not list the staff that participated in the drill or the length of time that the drill lasted. Review of the elopement drill conducted on at 1:47 am lists only two employees participating and did not document the length of time the drill lasted.

During the second interview with the administrator on at 4:30 PM she stated that she was not aware that she had to be a participant in the elopement drills.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure that 1(Employee A) of 3 sampled employees record contained documentation of freedom from communicable .

Finding:

Review of Employee A personnel records revealed that she was hired on and as of the record did not contain the documentation from the employee's health care provider that she appeared to be free of communicable .

During the interview with the business office manager on at 1:00 PM she was advised of the missing documentation.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interviews, the facility failed to havea 3-day supply of nonperishable vegetables, milk source and water in the facilities for 72 of 72 residents in the facility. The Facility also failed to have substitutions maintained on file for six months.

Findings:

Review of the facility current census revealed there were a total of 72 Residents in the facility.
A Tour of the emergency food supply storage with the Interim Executive Chef on at 2:25 PMThere were 4 large cans of vegetables and 12 small boxes of dry milk found in the dry storage .
Observation on at 2:34 PM with the Interim Executive Chef revealed in (semi -private 2 residents) found only 3 gallons of water within their expiration dates. Than in (semi-private with 2 residents -husband and wife) revealed only 3 gallons of water. He stated that there is no other emergency water in the kitchen for residents and staff use.

On at 4:00 PM an inteview was condcuted with the Administrator. The Administrator confirmedthat there is no plan for obtaining water in an emergency with the local disaster preparedness authority.

Interview with Interim Executive Chef on at 12:25 PM stated there are no food substitution files in the dietary managers office who is on vacation.

Interview with the Administrator on at 3:42 PM stated and confirmed that there are no substitutions maintained on file for the last 6 months. The Interim Executive Chef stated that that is all they have at this time. There were not enough 3 days emergency supply of water, vegetables and milk source in the two storage . Interim Executive Chef stated that he just emptied the storage because the canned food were expired.

Class III