STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z821 - 59a-35.110, Fac - Reporting Requirements; Electronic Submission S-S= C
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments
The biennial re-licensure survey was conducted on [redacted] Plantation Oaks Senior Living had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure they provided care and services appropriate to the needs for 3 of 5 sampled residents (#1, #3 and #4) and report a significant change in the resident's health to the resident's health care provider for of 1 of 5 sampled residents (#4).

Findings:

1. In an interview on [redacted] at approximately 9:45 AM resident # 3 stated "They help me with my medications. But I have a problem, when I got back after 7 PM they would not give them to me because it was after 7 PM. The nurse said it was the law to give them 1 hour before and 1 hour after".

Resident record review for resident #3 on [redacted] at approximately 2:30 PM revealed a health assessment dated [redacted] listed diagnoses of [redacted] osteopenia, [redacted] high [redacted] pain and pan hypopituitarism. She needed assistance with self-administration of medications. A facility note dated [redacted] at 1 PM indicated "resident went out without taking her medications. She was informed she would not get her medications past time Md notified".

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the Medication Observation Record dated 2014 noted the back page indicated that on at 9 AM "All 9AM meds were not given, resident out of the facility". The medications listed were , ne,carvedilol for high for high for joint health, hydrocort for and Continued review revealed no evidence to confirm that the healthcare provider was asked if the resident could take the medications at a different time than 9AM to ensure that therapeutic levels were maintained.

In an interview with the Resident Care Director on at approximately 3 PM who stated her understanding is that medications could only be given within 1 hour before or 1 hour after the scheduled time, as the physician's order sheets were signed by the doctor indicated the time the medications were due.

2. In an interview on at approximately 10 AM with resident #1 who stated he had lived in the facility a few days, self-administered his eye drops and ran out of his eye drops on He stated he only had one drop left to put in his eye on and did not have another drop for his other eye.

Resident record review revealed the Assisted Living Facility Health Assessment form (1823) dated indicated diagnoses of of the knees and and stated the resident needed assistance with medications.

Review of physician order dated revealed (for 0.005% one drop to both eyes at bedtime.

In an interview with the Licensed Practical Nurse on at approximately 1:30 PM who stated she called the family member on to let them know the resident was out of eye drops. The family member was to bring the eye drops in on and did not bring them in.

Review of the 1823 Addendum dated revealed 0.005% one drop in both eyes at bedtime, resident to self-administer and keep at bedside. There was no documentation to review that indicated the physician signed the order.

In an interview with the Resident Care Director on at approximately 3 PM who stated the resident wanted to self-administer his eye drops before he went to bed. The order to self-administer the eye drops was not signed by the healthcare provider at the time. He would be at the facility today (on and would sign the order.

Review of the Medication Observation Records for and 2014 revealed

0.005% one drop in both eyes at bedtime. Self-administer. There was no documentation on the MOR that the medication was given by the staff. The physician order to assist the resident with self-administration of medications was not followed, and the resident did not get the full dose of Lanatoprost at bedtime on and

3. During tour of the facility at approximately 10:50 AM on interview with resident #4 revealed she had reported to the nursing staff last Sunday that she was and believed that she had a She explained that she had not had anyone tell her anything about calling her health care provider or obtaining a prescription for her. A nurse came in the give a medication and the resident relayed the same information to her. The nurse stated that she would check on the status of a prescription.

Record review for resident #4 revealed a noted written by the Licensed Practical Nurse (LPN) that the resident called the LPN to show her paper with on it in the There was no documentation that the health care provider was notified. The first documentation that the health care provider was notified was on nine days later. An order for U/A with C/S was received from the health care provider on

Interview with the resident care coordinator on at approximately 3:45 PM revealed that she was aware that the resident had made the above complaint.

4. Review of the resident #4's most recent Health Assessment (1823) dated which under type of assistance needed for medications stated needs assistance with self-administration of medication. However review of the Medication Observation Record (MOR) revealed that the resident is self-administrating 5 medications as follows: Cap daily with a meal, Centrum silver ultra-one tablet daily, cranberry Tab 450 mg 1 tab (()) mg) every evening, sod 220 mg take 2 tables (440 mg) after breakfast and Voltaren Gel 1% apply to affected area twice daily for pain. Further record review revealed there was no order for the resident to self-administer the above medications.

Interview with the resident care coordinator on at 3:45 PM revealed she thought there was an order. The resident care coordinated reviewed the record, however there was no health care provider order found.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observation, record review and interview the facility failed to ensure a resident with any history of elopement had identification on her person that included their name, the facility's name, address and telephone number for 1 of 5 sampled residents (#5).

Findings:

Record review for resident #5 revealed the following facility notes:

"Resident observed sitting outside on at 2:15 PM at approximately 2:50 PM staff went to get resident for an activity, staff unable to find resident in for new found friends the resident had been conversing with not found with them. 3:20 PM approx. possible began elopement procedures, police and family notified."
No Time noted: Resident returned to community by state trooper with no knowledge that we would be looking for her. The resident will remain in secure Memory Care (MC) unit. exit seeking at times.

Observations at on at approximately 2 PM in the secured memory care unit, Resident #5 was observed walking down the hall in a fast pace exercising.

Observations along with one of the staff at the time revealed that the resident did not have any identification on her person that included their name, the facility's name, address and telephone number. The resident was asked if she had any identification on her at the time, due to her she did not understand the question and began talking about something else.

The staff stated at the time the resident probably took the identification off.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on medication review and interview the facility did not make every reasonable effort to ensure that prescriptions were refilled in a timely manner for 1 of 5 sampled residents who received assistance with self-administration of medications (#1).

Findings:

In an interview on at approximately 10 AM with resident #1 who stated, he had lived in the facility a few days and ran out of his eye drops on He stated he self-administered his eye drops and only had one drop left to put in his eye and did not have another drop for his other eye on in the evening.

Resident record review revealed the Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of of the knees and

and stated the resident needed assistance with medications.

Review of physician order dated revealed (for 0.005% one drop to both eyes at bedtime.

In an interview with the Licensed Practical Nurse on at approximately 1:30 PM who stated she called the family member on to let them know the resident was out of eye drops. The family member was to bring the eye drops into the facility on and did not bring them in.

Review of the 1823 Addendum dated revealed 0.005% one drop in both eyes at bedtime, resident to self-administer and keep at bedside. There was no documentation to review that indicated the physician signed the order.

In an interview with the Resident Care Director on at approximately 3 PM who stated the resident wanted to self-administer his eye drops before he went to bed. The order to self-administer the eye drops had not been signed by the healthcare provider at the time. He would be in the facility today (on and would sign the order.

Review of the Medication Observation Records for and 2014 revealed 0.005% one drop in both eyes at bedtime Self-administer. There was no documentation on the MOR that the medication was given by the staff.

The facility did not reorder the eye drops and have the medication on hand when the resident ran out of medication.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 3 of 4 staff (A, B and D) had a statement from the health care provider documenting freedom from Communicable and

Findings:

Personnel record review revealed the following:
1. For staff A hired was no documentation to confirm that she was free from Communicable Her test was dated and it was signed by a clinical Provider. The form did not note whether or not it was completed by the required Health Care

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Provider (Physician or physician's assistant licensed under Chapter 458 or 459, F.S. or advanced registered nurse practitioner licensed under Chapter 464, F.S.)

2. Staff B hired [redacted] had a Freedom From communicable [redacted] Statement that had a signature that was not legible. There was no address or title of the person that had completed the form. There was no way to determine that her statement was actually completed by a health care provider. Her [redacted] tested was conducted on [redacted] by a Licensed Practical Nurse (LPN). There also was no documentation to confirm that she had a [redacted] test that was conducted by the required Health Care Provider (Physician or physician's assistant licensed under Chapter 458 or 459, F.S. or advanced registered nurse practitioner licensed under Chapter 464, F.S.)

3. Staff D hired [redacted] had no documentation to confirm that she was free from Communicable [redacted]

During an interview with the Operations Director on [redacted] at approximately 2:30 PM he confirmed the above findings.

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 4 of 4 sampled staff (A, B, C and D) received the required in- service training within 30 days of hire.

Findings:

Personnel Record review revealed the following:
Staff A hired [redacted], Staff B hired [redacted], Staff C hired [redacted] and Staff D was hired [redacted]

1. Staff A and C did not have documentation to confirm that they had received an in-service training regarding the Facility's resident elopement response policies and procedures.

2. Staff A, B and C had no documentation to confirm that they had received an in-service training regarding Reporting major incidents and Reporting adverse incidents.

3. Staff B had a certificate for the emergency procedures training that was dated [redacted] that did not included the hours.

4. Staff D had no documentation to confirm that she had received an in-service training regarding Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

5. Staff B who was not a nurse or Certified Nursing Assistant or home health aide had a certificate that she had only 1 hour training regarding Resident behavior and needs, Providing assistance with the activities of daily living. There was no documentation to confirm that she had obtained the 3 hours required training.

During an interview with the Operations Director on at approximately 2:30 PM, he stated there was no documentation found to confirm that the staff had received the training's above.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with and Related (ADRD), failed to ensure that 1 of 4 sampled staff (B) who provided direct care to persons with ADRD obtained 4 hours of training, entitled and Related Level II Training," within 9 months of employment that was provided by an approved ADRD Trainer.

Findings:

Observations on at approximately 9:45 AM revealed the facility maintained a secure area and provided special care for persons with and related (ADRD).

Personnel Record review revealed that Staff D (The Administrator) who was hired in did not have documentation to confirm that she had obtained 4 hours of training, entitled and Related Level II Training," within 9 months of employment.

During an interview with the Operations Director on at approximately 2:30 PM, he stated there was no documentation found to confirm that Staff D had received the ADRD Level II training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - 58A-5.0191(11) FAC
Based on Personnel record review and interview the facility failed to ensure that 4 of 4 sampled staff (A,B,C,D) had at least one hour of training in the facility's policies and procedures regarding that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel Record review revealed the following:
Staff A hired Staff B hired Staff C hired and Staff D was hired

There was no documentation to confirm Staff A.B. C and D had received at least one hour of training in the facility's policies and procedures regarding that included information in Rule 58A-5.0186, F.A.C.

During an interview with the Operations Director on at approximately 2:30 PM, he stated there was no documentation found to confirm that the staff had received the training's above.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview the facility failed to ensure that the carpets in the foyer and on the fourth floor were clean and free from stains.

Findings:

During the tour stains were observed on the carpet as you got off of the elevator on the fourth floor.

During observations in the foyer where residents gathered and as you enter the facility there were obvious stains on the carpet.

During the exit the owner's wife explained that the carpet in the entry way and foyer were going to be replaced.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to ensure that 1 of 5 sample resident records contained all the required information for 1 of 5 sampled records (#2).

Findings:

Resident record review on [redacted] at approximately 2 PM for resident # 2 revealed she was admitted to the facility on [redacted] Continued review revealed that a copy of a Resident Health Assessment form, AHCA Form 1823 dated [redacted] Further review revealed that a copy of the Resident Health Assessment form, AHCA Form 1823 completed 60 calendar days before admission to the facility or 30 days after admission to the facility was not available for review.

In an interview with the Resident Care Director on [redacted] at approximately 3 PM who stated she was unable to locate the health assessment.

Class III

Z821-Reporting Requirements; Electronic Submission 59A-35.110, FAC
Based on facility record review and interview the facility failed to submit an Adverse Incident report when 1 of 5 (#5) residents eloped from the facility and the police was called.

Findings:

Record review for Resident #5 revealed the following facility notes:

"Resident observed sitting outside on [redacted] at 2:15 PM at approximately 2:50 PM staff went to get resident for an activity, staff unable to find resident in [redacted] for new found friends resident had been conversing with not found with them. 3:20 PM approx. possible began elopement procedures, police and family notified."
No Time noted: Resident returned to community by state trooper with no knowledge that we would be looking for her. The resident will remain in the secure Memory Care (MC) unit. [redacted] exit seeking at times.

The administrator was asked to provide the Adverse Incident Reports for the year.

During an interview with the administrator on [redacted] at approximately 2 PM, she stated an elopement was when a resident leaves the facility without signing out and they are not aware

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	9309 S Orange Blossom Trail Orlando, FL 32837	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

where the resident is. She stated the resident eloped and the police were called and there was no Adverse Incident Report completed.

Unclassified

Z827-Unlicensed Activity 408.812, FS
Based on observations, record review, and interviews, the facility failed to ensure that they obtained a Limited Nursing Services license before performing the services for 1 of 5 sampled residents (#2).

Findings:

Review of the facility license on ___ at approximately 8:30 AM noted the facility was a Standard Assisted Living Facility (ALF).

Observations during an interview on ___ at approximately 9:30 AM noted resident #2 had a black brace to her right leg. The resident stated that the staff put the brace on and took the brace off and the hose she had on because she could not to it herself. She could not reach, bend that far down.

Resident record review on ___ at approximately 2 PM revealed a health assessment report dated ___ that listed diagnoses of ___ high ___ and ___. She was alert and oriented. She needed assistance with ambulation, bathing, dressing, toileting and transfers; supervision was needed with ___. A prescription dated ___ indicated air ___ stirrup ankle brace for the right ankle to correct ankle ___ /internal rotation.

In an interview with the Resident Care Director on ___ at approximately 2:30 PM who stated the resident was able to remove and apply the brace. However, resident stated that the staff were putting on and taking off the brace. She replied that the resident always "wanted the staff do things for her".

Observations on ___ at approximately 3 PM in the presence of the Executive Director (ED) in the resident's ___ ED asked the resident to please remove the brace. The resident sat

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	**12/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Plantation Oaks Senior Living	**9309 S Orange Blossom Trail Orlando, FL 32837**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

in an electric recliner. The resident lowered the recliner and attempted to remove brace but was unable to do so. She stated she was unable to reach.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

RE: Biennial relicensure

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

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
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