STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shady Oaks Rest Home	1208 Kennedy Rd Daytona Beach, FL 32117	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced re-licensure with Limited Mental Health survey was conducted on . . . . . at Shady Oaks Rest Home in Daytona Beach, Florida. Deficiencies were identified during the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, review of the Activity Calendar and staff interview, the facility failed to provide 12 hours of activities per week for all 13 residents living at the facility.

The findings include:

Resident #1 was interviewed on . . . . . at 8:45 a.m. regarding activities at the facility. He stated that he was not aware of any activities provided by the facility. He does his own things and likes to go for walks.

Resident #4 was interviewed on . . . . . at 9:02 am. He was asked about activities at the facility, he stated there are none, and we do our own things.

Resident #5 was interviewed on . . . . . at 9:12 am. During the interview he was asked what kind of activities were offered, he stated there are no activities, but he did his own exercises each morning.

The Activity Calendar listed on the wall in the dining . . . . . for . . . . . 2014. The . 2015 calendar was behind it and you could not see it. The Activity Calendar for . 2015 listed one activity each day. It did not list what time the activity was to occur or for how long.

An Interview was conducted with the Administrator . . . . . at 9 am regarding activities. He stated all the residents do not like to do facility planned activities. He stated that they offer the activities usually after lunch. Residents also go to a day program in the afternoon if they choose.

On . . . . . at 9:03 a.m., Employee C stated that she just asks the residents if they want to do an activity and it is not at a specific time.

Resident #6 was interviewed on . . . . . at 9:30 a.m. He was not aware of any facility activities.

Resident #7 was interviewed on . . . . . at 9:53 a.m. He stated there were no structured facility activities here. They do their own things here and can go to for afternoon activities.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shady Oaks Rest Home	1208 Kennedy Rd Daytona Beach, FL 32117	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The facility lunch ended around 12 noon. The exercise planned for today was an exercise video. This was not observed.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on Medication Observation Record (MOR) review and staff interview, the facility failed to maintain current MORs for 2 of 7 sample residents, Resident's #1 and #2.

The findings include:

Review of the 2015 MOR for Resident #1 revealed 600 (mg) was given once a day. The resident's medication label filled on revealed 600 mg , take one tablet by mouth two times a day. The Administrator on at 8: 15 a.m. stated that when he typed the MOR for this month, he did not transcribe it correctly from the 2014 MOR. He confirmed the medication should have been given twice a day.

Review of the 2015 MOR for Resident #2 revealed 20 mg was given daily at 7:30 a.m. Review of the resident's medication label revealed it was to be taken in the evening. The Administrator on at 8:16 a.m. confirmed the medication should be given at night and he would change it on the MOR.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to ensure that prescriptions were filled in a timely manner for 1 of 7 sampled residents, Resident #2.

The findings include:

Review of the 2015 Medication Observation Record (MOR) for Resident #2 revealed dashes in boxes for three medications, 0.5 mg twice a day, 2 mg twice a day, and 300 mg twice a day. The Administrator on at 8:25 a.m. stated the dashes meant that it was "out of stock". He confirmed that the resident did not receive these medications from 1- , 2015.

Review of the 2014 MOR for Resident # 2 revealed the was not given on the 30th or 31st. It also revealed the was not given from 23-31st. It also revealed that the was not given on 29-31, 2014.

The Administrator on at 8:25 a.m. stated that sometimes the pharmacy just does not deliver them timely and confirmed the medications were not given the above dates in 2014.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and staff interview, the facility failed to ensure that staff have annual screening for 3 of 3 sampled employees, Employees A, B, and C.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shady Oaks Rest Home	**1208 Kennedy Rd Daytona Beach, FL 32117**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the employee records for Employee A (the Administrator), and Employees B&C (Caregivers) revealed they were employed at this facility for many years, since 1998 for Employee A and 2009 for Employees B&C. Their employee records did not reveal an annual screening for 2014.

The Administrator on at 10:57 a.m. confirmed he did not have current screening for these employees including himself.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview, the facility failed to ensure that 2 of 3 sampled employees, Employees B and C receive the required trainings of safe food handling, activities of daily living, resident rights, and .

The finding include:

Review of the employee record for Employee B revealed he did not have the required trainings for safe food handling, activities of daily living, resident rights, and .

Review of the employee record for Employee C revealed she did not have the required trainings for resident rights and .

Interview with the Administrator on at 11:40 a.m. confirmed that these two employees worked as Caregivers since 2009 and he did not have documentation of the above trainings.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on resident and staff interview, the facility failed to provide snacks to the residents for all 13 residents in the building.

The findings include:

An interview was conducted with Resident #4 on at 9:02 am. When asked if the facility provided snacks, he stated "no", you have to go to the corner store if you want something.

Interview with Resident #5 on at 9:12 am revealed the facility did not offered any snacks and if they wanted snacks they had to get their own with their own money.

On at 9:45 a.m. an interview was conducted with Resident #7. He stated that the kitchen was off limits to residents. The facility does not provide any snacks. They are served three meals a day and that was it. If they wanted a snack, they had to walk up to the 7-Eleven or Citgo gas station to get one.

Interview with Employee A on at 10:18 a.m. stated that residents go to the store all day and bring back snacks. She did not know if the Cook gives snacks. The Cook was in charge of the kitchen and would know.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shady Oaks Rest Home	**1208 Kennedy Rd Daytona Beach, FL 32117**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the Cook on at 10:29 a.m. confirmed that they do not offer snacks to residents. Interview with the Administrator on at 10:35 a.m. stated that the facility menu does not list snacks so he does not supply them.

Interview with Employee B on at 11 a.m. confirmed that snacks are not offered after dinner. They will give snacks during meals if the residents requests.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and staff interview the facility failed to indicate on the resident contract the amount to paid monthly for 1 of 7 sampled residents (Res #1) and failed to issue new contracts whenever there was a rate increase for 2 of 7 sampled residents (Res #1 and 4).

The findings include:

Record review was conducted for Resident #1. He was a male admitted on with a diagnosis including: and The original contract was signed on Review of the contract revealed the monthly amount due was blank, with a notation that resident agrees to pay Optional State Supplement rate. Review of item #1 in the contract included the following: if the rate changes, the resident will be given 30 days advanced notice in writing.

An interview was conducted with the administrator on at 10:15 am. When asked where in the contract it indicated what rate the resident was to pay the facility, he stated he does not put an amount because he has and the rate changes each year. He was asked if Resident #1 had received an increase in his benefit since admission, he stated "yes". When asked if the facility had notified the resident in writing of the increased payment amount, he stated "no".

Record review was conducted for Resident #4. He was a male admitted on with diagnosis including: head injury, and The original contract was signed on

During an interview with the administrator on at 10:30 am, he was asked if Resident #4 had received an increase in his benefit since admission, he stated "yes". When asked if the facility had notified the resident in writing of the increased payment amount, he stated "no".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Shady Oaks Rest Home
1208 Kennedy Road
Daytona Beach, FL 32117

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on . 2015 by representatives 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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Qualify Assurance

KJ/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida