STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911131	04/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OAK MANOR, INC	1771 WEST MINNESOTA AVE DELAND, FL 32720	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On ..... and ..... an unannounced Abbreviated survey was completed at Oak Manor. Deficiencies were identified at time of survey.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to ensure that 1 of 2 sampled residents (Resident #4) receiving assistance with self-administration of medication from an unlicensed staff, did not receive administration of medications requiring a nurse.

The findings include:

1) On ..... at 11:40 a.m., medical technician-(Staff A) was observed putting medication ..... into Resident #1's ..... machine.

2) On ..... an interview was conducted with the Administrator. The administrator stated that she thought that staff (medical technician) was ok to assist with putting medication ..... in Resident # A's .....

Class III

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

Based on interview and record review, the facility failed to ensure that 1 out of 3 sampled employees (Staff C) obtained a new level II background screening when her gap in employment was more than 90 days.
The findings include:

On ..... an employment record review of Staff C revealed a level II background screening dated ..... No other screening was available.

In addition, Staff C's employment record revealed that Staff C's employment application was dated ..... and that Staff C was hired on .....

On ..... at 12:30 p.m., an interview was conducted with the administrator. The administrator stated that she verified through an employment reference check, that Staff C previously was last employed with another assistant living facility on ..... The administrator stated that she was not aware that a new background screening was required for a 90 day break in employment.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Oak Manor, Inc.
1771 West Minnesota Avenue
DeLand, FL 32720

Dear Administrator:

This letter reports the findings of a state licensure abbreviated survey that was conducted on , 2015 by a representative 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure

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