STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	**04/23/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Complaint investigation #2015004007 was conducted . . . . Plantation Oaks Senior Living had a deficiency found at the time of the visit.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to ensure that any suspicions of , neglect, or were reported to the Department of Children and Families (DCF) as required under chapter 415 for 1 of 3 sampled residents (#1) and failed to ensure that the allegation was thoroughly investigated .
Findings:
Observations during the facility on . . . . . at approximately 9:30 AM of the memory care unit noted resident #1 was observed in his . . . . . He was alone in his , he had no visitors. He wanted the TV changed to channel 34 Nick. He thought there was something wrong with the TV. The staff assisted him and he was content. He has a diagnosis of and was not interviewable.
When asked for the last months of incident and adverse reports an e- mail dated . . . . as well as 2 staff statements were provided.
Review of an e mail dated . . . . at 2:48 PM from the Director of Operations to the administrator, indicated 2 statements were received today advising that they had witness resident #2 hold and caress resident #1. The statements advised that resident #1 kissed resident #2 on the nose, which is when staff escorted resident #2 off the 2nd floor. The Director of Operations spoke with resident #2 in his . . . . He stated he was praying the Lord's Prayer with resident #1 and after resident #1 kissed Jim on the nose, which was when staff walked into . . . . Resident #2 was told he was not permitted to gain access to the 2nd floor. The legal guardian was contacted to discuss incident and the decision to restrict access was made. A message was left. The front desk was made aware not to let resident #2 on the 2nd floor.
Review of witness staff statements dated . . . . revealed:
"Observed resident #2 holding and caressing resident #1, elevating his face towards him he then had resident #1 kiss his nose and that's when I told him he had to leave". The statement was signed by staff #D.
"Staff #D and I observed resident #2 holding and caressing the face of resident #1. Resident # 2 held the face of resident #1 and he (resident #1) kissed his nose. Then staff #D told him he had to leave.
In an interview with staff #F, the Resident Care Director, she stated the staff witnessed resident #1 kissing the nose of resident #2. Staff statements were obtained, families were called. Resident #2 is not allowed to visit #1 unsupervised. Neither resident had demonstrated any behaviors in the past. Adult Protective Services was not called as she felt that by not allowing unsupervised visits was enough. Adult Protective Services was not called. There were no other indications; there were no issues, just this time. It made us uncomfortable. She held a staff meeting to inform the staff that resident #2 was not allowed unsupervised visits to the memory care unit but she had no written documentation.
Observations of resident #2 1:30 PM noted he was in bed, his arm covered half-his face. There was an open drawer that contained multiple cigarettes boxes. He had 2 boxes and a lot of clothing in the closet and the floor. The . . . . messy but not dirty. He had a wheelchair. He spoke with slurred speech. He stated he had no friends on the 5th floor. He had a friend on the 2nd floor but he was not allowed to go there anymore. He said he did not want to

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talk about it.
Record review for resident #1 revealed a health assessment report dated [redacted] that listed diagnoses of [redacted] and [redacted] and only able to comprehend simple instructions. Facility note dated [redacted] at 5 PM indicated resident noted with AL (assisted living) resident {initials and "inappropriate behavior observed". AL resident restricted to have unsupervised visits at this time. Family notified.
Record review for resident #2 revealed a health assessment report dated [redacted] that listed diagnoses of [redacted], speech [redacted] and [redacted] positive. Facility note documented that on [redacted] at 5 PM resident was observed in the memory care unit. He touched the face of resident #1 and "resident #1 kissed him on the nose 'inappropriately". Reported to operations who spoke with family as this will be the last time on 2nd floor alone with resident must have supervision with visits.
In an interview with the Director of Operations and the Resident Care Director on [redacted] at approximately 3 PM, who stated they did contact DCF and filed a report because they felt there was no [redacted]. Who abused who? And what was the [redacted]? They both added there was no additional documentation regarding the incident, as they saw no need. No other staff were interviewed. The surveyor asked the Director of Operations if he was going to make a report with DCF. He replied no. The Director of operations was informed if he did not call, it would be reported. He then replied he would. The surveyor left her contact information that included her e-mail address and asked him to forward the outcome of that call. An e mail was not received.
The facility did not provide any documentation as to who was trained and what training the staff received once the incident was brought to the attention of the administrative staff.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015004007

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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
XG90

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

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