AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953352	06/19/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DIXIE OAK MANOR, LLC	6410 OLD DIXIE HWY VERO BEACH, FL 32967	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , 2015 at Dixie Oak Manor, LLC. The facility had deficiencies found at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review and an interview, the facility failed to ensure 1 out of 7 sampled residents (Resident #2) did not require nursing services, specifically an . As evidence of Resident #2 failure to meet the minimum admission critieria.

The findings include:

On at 9:30 AM, Resident #2 was observed propelling her wheelchair in the activity . A clear tube hanging below the chair from an was also observed. During interview with the magager at 10:00 AM, she confirmed that the resident had an . She stated the resident had the to assist in the prevention of .

Review of the health assessment (AHCA Form 1823) dated revealed the resident had diagnoses of "history of or recurrent I's" and retention. The assessment listed "assistance" with toileting, defined as emptying the bag.

During interview with the resident's representative on at 5:00 PM, she stated the resident needed to have the and that a home health agency checked her twice a week for any concerns relating to the .

During another interview with the manager at 2:00 PM on , she acknowledged the forementioned findings and stated that the facility was in the process of obtaining their ECC (extended congregate care) specialty license. She was unaware that were not permitted under the standared ALF (assisted living facility) license.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date, for 1 out of 5 sampled residents (Resident #1).

The findings include:

On the 2015 MOR for Resident #1 was reviewed and the following omissions were identified:

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a) Milk of Magnesia-blank on
b) Amlodopine 5 mg-blank for 7:00 PM dose on and
c) 05%, one drop each eye-blank for 5:00 PM dose on and
d) 25 mg-blank for 8:00 PM dose on and
e) Cream 1%-blank for 5:00 PM dose on and
f) -S-blank for 8:00 PM dose on and
g) .25 mg, blank for 4:00 PM dose on and
h) Tears-blank for 5:00 PM dose on and
i) Cream-blank for bedtime dose on and
j) 25 mg-blank for bedtime dose on and

These findings were acknowledged by the manager during interview on at 2:00 PM. The MOR had not been initialed by the "med tech" each time this resident received her medication during the 3:00 PM to 11:00 PM shift on multiple dates.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff A and C) had "freedom from communicable including documented, based on an exam by a health care provider, within 30 days of hire.

The findings include:

Review of the personnel files for Staff A and C who provide direct care to residents revealed there was no documentation of "freedom from communicable including documented, based on an exam by a health care provider, within 30 days of hire. Staff A was hired on Staff C was hired on

The manager was interviewed at approximately 2:30 PM on and confirmed that the exams had not been completed. No additional documentation of the required statements by a health care provider were presented at this time.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff B) who provides direct care to residents had received in-service training within 30 days of employment in incident reporting and emeregency procedures; and, that 2 out of 3 sampled staff (Staff B and C) had received in-service training

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within 30 days of employment in the facility's elopement policy and procedure.

The findings include:

a) Review of the personnel file for Staff B who provides direct care to residents revealed there was no documentation of a minimum of one (1) hour in-service training dated within 30 days of employment in major and adverse incidents and the facility's emergency procedures. Staff B was hired on .

b) Review of the personnel file for Staff B and C who provide direct care to residents revealed there was no documentation of a minimum of one (1) hour in-service training dated within 30 days of employment in the facility's elopement policy and procedure. Staff B was hired on . Staff C was hired on .

The manager was interviewed at approximately 2:30 PM on and confirmed that the training had not been completed. No additional documentation of the required training was presented at this time.

Class

0082 - Training - - 58A-5.0191(3) FAC

Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled staff (Staff A, B and C) had received in-service training within 30 days of employment in .

The findings include:

Review of the personnel files for Staff A, B and C who provide direct care to residents revealed there was no documentation of in-service training dated within 30 days of employment in . Staff A was hired on . Staff B was hired on . Staff C was hired on .

The manager was interviewed at approximately 2:30 PM on and confirmed that the training had not been completed. No additional documentation of the required training was presented at this time.

Class

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff A and B) had received in-service training within 30 days of employment in the facility's policy and procedure.

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The findings include:

Review of the personnel files for Staff A and B who provide direct care to residents revealed there was no documentation of a minimum of one (1) hour in-service training dated within 30 days of employment in the facility's policy and procedure. Staff A was hired on Staff B was hired on

The manager was interviewed at approximately 2:30 PM on and confirmed that the training had not been completed. No additional documentation of the required training was presented at this time.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Dixie Oak Manor, Llc
6410 Old Dixie Hwy
Vero Beach, FL 32967

Dear Administrator:

This letter reports the findings of a state Relicensure 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 an onsite visit 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure
XG90

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