

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

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|---------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967788</b> | (X3) DATE SURVEY COMPLETED<br><br><b>06/22/2015</b> |
|---------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARBOR OAKS AT LAKELAND<br/>HILLS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>4141 LAKELAND HILLS BLVD<br/>LAKELAND, FL 33805</b> |
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**SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

**0000 - Initial Comments**

**ASSISTED LIVING FACILITY**

Arbor Oaks at Lakeland Hills had deficiencies found at the time of this visit.

A Complaint Investigation (CCR#2015006156) was conducted on .....

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

Based on record review and interview, the facility failed to ensure that staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides, receive a minimum of 1 hour in-service training in ..... control and a minimum of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with activities of daily living. The facility failed to ensure that staff who provides direct care to residents receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents. The facility also failed to ensure that staff who provide direct care to residents, who have not taken the core training program, receive a minimum of 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility and recognizing and reporting resident ..... neglect, and .....

**Findings Include:**

Five employee records of personnel who provide direct care to residents were selected for review on ..... Per record review, Staff A was hired as a Resident Care Aide on ..... Staff B was hired as a Resident Care Aide/Medication Technician on ..... Staff C was hired as a Resident Care Aide/Medication Technician on ..... Staff D was hired as a Resident Care Aide/Medication Technician on ..... and Staff E is a Certified Nursing Assistant hired on ..... There was no documentation of required trainings found in employee records as follows:

One of five employee records (Staff B) contained no documentation of training in ..... control, including universal precautions, and facility sanitation procedures.

Two of five employee records (Staff B & D) did not contain documentation of a minimum of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with activities of daily living. Staff B's record contained a certificate dated ..... for 2 hours of training. Staff D's record contained no evidence of the required training.

Two of five employee records (Staff A & B) did not contain documentation of in-service training regarding the

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967788</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>06/22/2015</b> |
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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                     |
| <p><b>0081</b> Continued From page 1</p> <p>facility's resident elopement response policies and procedures, provision of a copy of the facility's resident elopement response policies and procedures, and indication of staff understanding and competency in the implementation of the elopement response policies and procedures. Staff A's record contained a document dated _____ addressing general elopement not specific to facility policies and procedures. Staff B's record contained no evidence of elopement training.</p> <p>Five of five employee records (Staff A,B, C, D, &amp; E) did not contain documentation of in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff A's record contained a document dated _____ addressing emergencies in general, not specific to the facility's emergency procedures. Staff B's record contained a document dated _____ addressing emergencies only - no evacuation specified - certificate states "booklet course" on Major Incidents, Adverse Incidents, &amp; Facility Emergency Procedures, with no in-service training time specified, states provided by a Registered Nurse (no license # or qualifications as trainer provided). Staff C's record contained a document dated _____ addressing emergencies only - no evacuation specified - certificate states "booklet course" on Major Incidents, Adverse Incidents, &amp; Facility Emergency Procedures, with no in-service training time specified, states provided by a Registered Nurse (no license # or qualifications as trainer provided). Staff D's record contained a document dated _____ for training on Fire Emergency Plan only, with no in-service training time specified. Staff E's record contained a document dated _____ for training on Fire Emergency Plan only, with no in-service training time specified.</p> <p>3/5 Three of five employee records (Staff B, C, &amp; E) did not contain documentation of in-service training in reporting major and adverse incidents. As above, Staff B &amp; Staff C records contain a certificate that states "booklet course" on Major Incidents, Adverse Incidents, &amp; Facility Emergency Procedures, with no in-service training time specified, provided by a Registered Nurse (no license # or qualifications as trainer provided). Staff E's record contained no evidence of training in reporting major and adverse incidents.</p> <p>4/5 Four of five employee records (Staff A, C, D, &amp; E) did not contain documentation of in-service training in Resident rights in an assisted living facility and recognizing and reporting Resident _____ neglect, and Staff A's record contained a document dated _____ entitled Certificate of Completion: Preventing, Recognizing, and Reporting Resident _____ for workers in long-term care facilities -- approved by National Council of Practitioners &amp; California Dept of Public Health. Staff C's record contained a document dated _____ entitled Certificate of Completion: Preventing, Recognizing, and Reporting Resident _____ for workers in long-term care facilities -- approved by National Council of _____ Practitioners &amp; California Dept of Public Health. Staff D's record contained no evidence of training in Resident rights in an assisted living facility and recognizing and reporting Resident _____ neglect, and Staff E's record contained no evidence of training in Resident rights in an assisted living facility and recognizing and reporting Resident _____ neglect, and</p> <p>Per _____ interview with the Administrator, training materials were developed by corporate office, training agendas are kept in a separate notebook, and trainings were developed by corporate in accordance with regulations. Surveyors discussed with the Administrator and Business Office Manager specific requirements of staff in-service</p> |                                                                                                     |                                                     |

AGENCY FOR HEALTH CARE  
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SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0081** Continued From page 2

training.

Class III

**0086 - Training - ADRD - 58A-5.0191(9) FAC**

Based on observation, record review, and interview, the facility failed to ensure that all staff who have regular contact with or provide direct care to residents with \_\_\_\_\_ and Related \_\_\_\_\_ obtain 4 hours of initial training within 3 months of employment (ADRD Level I Training) and an additional 4 hours of training within 9 months of employment (ADRD Level II Training).

Findings Include:

On \_\_\_\_\_ beginning at approximately 10:00 am, AHCA Surveyors conducted a tour of the facility, reviewed records, and interviewed residents, staff, and family members.

Five employee records of personnel who provide direct care to residents were selected for review on \_\_\_\_\_. Per record review, Staff A was hired as a Resident Care Aide on \_\_\_\_\_; Staff B was hired as a Resident Care Aide/Medication Technician on \_\_\_\_\_; Staff C was hired as a Resident Care Aide/Medication Technician on 11 \_\_\_\_\_; Staff D was hired as a Resident Care Aide/Medication Technician on \_\_\_\_\_; and Staff E is a Certified Nursing Assistant hired on \_\_\_\_\_. Staff B & Staff D were working in the Memory Care Unit at the time of visit, and Staff A & Staff C are scheduled to work with Assisted Living residents and Memory Care Unit residents. Three of 5 records reviewed did not contain evidence of completion of the required ADRD trainings, as follows:

Per record review, Staff A, hired on \_\_\_\_\_, completed 4 hours of initial Level I ADRD training on \_\_\_\_\_, not within 3 months of employment. There was no documentation of any further ADRD training; Staff A did not complete an additional 4 hours of training within 9 months of employment (ADRD Level II Training), as required.

Per record review, Staff B, hired on \_\_\_\_\_, completed a total of 5 hours of initial Level I ADRD training on \_\_\_\_\_, & \_\_\_\_\_ not within 3 months of employment, and 1 hour of ADRD Level II training on \_\_\_\_\_. Staff B did not complete an additional 4 hours of ADRD Level II Training, as required.

Per record review, Staff C, hired on \_\_\_\_\_, completed 4 hours of initial Level I ADRD training on \_\_\_\_\_, not within 3 months of employment. There was no documentation of any further ADRD training; Staff C did not complete an additional 4 hours of training within 9 months of employment (ADRD Level II Training), as required.

Per \_\_\_\_\_ interview with the Administrator, training materials were developed by corporate office, training agendas are kept in a separate notebook, and trainings were developed by corporate in accordance with regulations. Surveyors discussed with the Administrator and Business Office Manager specific requirements of staff in-service training.

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 07/02/2015  
FORM APPROVED

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

**0086** Continued From page 3

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

2015

Administrator  
Arbor Oaks At Lakeland Hills  
4141 Lakeland Hills Blvd  
Lakeland, FL 33805

**RE: CCR #2015006156**

Dear Administrator:

This letter reports the findings of a complaint 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for

Patricia Reid Cauffman  
Field Office Manager

PRC/src  
Enclosure: State (5000-3547) Form

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