STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967011	08/03/2015
NAME OF PROVIDER OR SUPPLIER **GARDENS AT OAKLAND (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **715 HULL ISLAND DR** **OAKLAND, FL 34787**	

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

0000 Initial Comments

The re-licensure survey was conducted on . The Gardens At Oakland had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility did not obtain an accurate medical examination within 30 days of admission for 1 of 2 sampled residents (#2).

Findings:

Record review for resident #2 revealed a Resident Health Assessment Form 1823 that was dated . The section on the form that noted "does the individual need help with taking his or her medications yes or no" was not answered (was left blank). The next line on the 1823 noted the resident needed his medications administered.

Review of the Medication Observations Records for resident #2 revealed unlicensed staff (non-nurses) were assisting with the self-administration of the resident's medication. A nurse did not administer the medications.

During an interview with the Assistant Administrator on at approximately 11 AM, he stated the unlicensed staff did assist with the resident with the self-administration of medication. He stated the resident did not need the medication administered and documentation would be obtained from the health care provider stating the resident did not require his medication to be administered.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure that 2 staff in a sample of 4 staff (C and D) who was a newly hired staff had a statement from a health care provider within 30 days of employment documenting they did not have any signs or symptoms of a communicable including ( ).

Findings:

Personnel Record Review for staff C hired on , Staff D was hired on / / , revealed there were

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SUMMARY STATEMENT OF DEFICIENCIES
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statements in their records that were freedom from and Communicable that was dated (Day of the Survey and more than 30 days old). The statement had a name that was not legible and there was no way to determine that a Licensed Health care provider had completed the form, there was no title or license number listed.

During an interview with the Assistant Administrator on at approximately 11:45 AM, he confirmed that the forms were signed on . He stated the form was completed by a physician and the title and license number was not listed.

Class III

0093 Food Service - Dietary Standards

Based on Observations, Menu review and Interview the facility failed to ensure that a 3-day supply of nonperishable fruit and meat/protein was on hand at all times in the event of an emergency.

Findings:

Observations of the 3-day supply of nonperishable food on at approximately 12:30 PM revealed there was no fruit and Meat/protein sources available.

Review of the facility's menu revealed the residents were served 3 meals per day, which included fruits and meat/protein.

During an interview with the Assistant Administrator on at 12:30 PM, he stated there was no nonperishable fruits and meat/protein available.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Gardens At Oakland (the)
715 Hull Island Dr
Oakland, FL 34787

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 [redacted]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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