



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 15, 2015

Administrator
Spring Oaks
7251 Grove Road
Brooksville, FL 34613

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 15, 2015 by a representative of this office.

Enclosed 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 January 30, 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com



XG90

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

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED 07/28/2015
NAME OF PROVIDER OR SUPPLIER SPRING OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 GROVE RD BROOKSVILLE, FL 34613	

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

0000 Initial Comments

An unannounced Biennial Licensure survey was conducted on _____, 2015 at Spring Oaks Assisted Living Facility, 7251 Grove Road, Brooksville, FL. The facility was not in compliance with 58A-5, FAC and Chapter 429, _____, F.S. at the time of the visit.

0008 Admissions - Health Assessment

Based on observation, interview and record review, the facility failed to obtain omitted information on a health assessment (AHCA form 18213) for 1 of 2 residents (Resident #5).

Findings:

An observation was conducted on _____ at 9:23 AM of Resident #5, who was observed laying in a hospital bed, with half rails raised, in her _____.

An interview was conducted on _____ at 12:35 PM with the daughter of Resident #5. She stated her mother is mostly bedbound and is receiving Hospice care.

An observation was conducted on _____ at 12:55 PM of Resident #5, who was observed sleeping in a hospital bed, with half rails up, and with _____ nose cannula inserted, in her _____.

Record review of Resident #5's Resident Health Assessment, AHCA Form 1823, shows question on page #2, D. "In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or _____ facility?" is not answered "Yes" or "No."

An interview was conducted on _____ at 4:11 PM with the Administrator, who confirmed that Resident #5's Resident Health Assessment, AHCA Form 1823, page 2, question D., does not document that the resident's needs can be met in an assisted living facility.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED 07/28/2015
NAME OF PROVIDER OR SUPPLIER SPRING OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 GROVE RD BROOKSVILLE, FL 34613	

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

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility failed to ensure during assistance with self-administration of medications, that for 4 of 5 residents (Residents #6, #7, #11 and #12) medications were retrieved from the medication cart and prepared in the presence of the residents.

Findings:

1.) An observation was conducted on _____ at 10:04 AM of Staff A, Med Tech, unlocking the medication cart in the hallway of the Magnolia Lane Unit, retrieving medications of _____ and fish oil for Resident #11, placing the pills in a paper cup, pouring a cup of water, then walking the medications to _____ Resident #11 and handing the medications and cup of water to Resident #11.

An observation was conducted on _____ at 10:09 AM of Staff A, Med Tech, unlocking medication cart in the hallway of Magnolia Lane Unit, retrieving _____ medication for Resident #7, placing the pill in a paper cup, pouring a cup of water, then walking the medication to _____ Resident #7 and handing the medication and cup of water to Resident #7.

An observation was conducted on _____ at 10:14 AM of Staff A, Med Tech, unlocking medication cart in the hallway of Magnolia Lane Unit, retrieving hydroxine medication for Resident #12, placing the pill in a paper cup, pouring a cup of water, then walking the medication to the television _____, where Resident #12 was located, and handing the medication and cup of water to Resident #12.

An observation was conducted on _____ at 10:19 AM of Staff A, Med Tech, unlocking medication cart in the hallway of the Magnolia Lane Unit, retrieving _____ and _____ medications for Resident #6, pouring a cup of water, placing the medications in a paper cup, then walking the medications to _____ Resident #6, _____, and handing the medications and cup of water to Resident #6.

An interview was conducted on _____ at 10:32 AM with Staff A. She stated she is a Med Tech, she is not a licensed nurse. She stated regarding pouring the residents' medications at the medication cart,

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED 07/28/2015
NAME OF PROVIDER OR SUPPLIER SPRING OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 GROVE RD BROOKSVILLE, FL 34613	

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

then walking the medications to the residents' , this is what she was taught in med class.

An interview was conducted on at 4:26 PM with Licensed Practical Nurse (LPN)/Resident Care Coordinator. She stated she was told by the Med Techs that they were taught in med class to pour the medications at the medication cart, then take the medications to the residents in their . She stated she tells the Med Techs to take the medication carts to the residents' before retrieving and preparing the medications.

Class III

0056 Medication - Labeling and Orders

Based on observation, interview and record review, the failed to ensure that medication for 1 of 5 residents (Resident #7), had label directions, Medication Observation Record (MOR) documentation, and physician's orders, that corresponded with one another.

Findings:

An observation was conducted on , 2015 at 10:09 AM of Staff A, Med Tech, unlocking medication cart in the hallway of Magnolia Lane Unit, retrieving medication for Resident #7, from bubble pack which read 325 mg every 6 hours as needed, placing the pill in a paper cup, pouring a cup of water, then walking the medication to Resident #7, , and handing the medication and cup of water to Resident #7.

Review of Resident #7's Medication Observation Record (MOR) showed 325 mg every 6 hours, dated . Review of physician's order for Resident #7, dated , showed order for oxycondone- 325 mg sig 1 tab PO q 6 h prn (every 6 hours as needed for) pain.

An interview was conducted on , 2015 at 10:15 AM with Staff A, Med Tech. She stated the MOR for Resident #7 shows the is not as needed, but every 6 hours. She stated the order was

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/24/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED 07/28/2015
NAME OF PROVIDER OR SUPPLIER SPRING OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 GROVE RD BROOKSVILLE, FL 34613	

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

changed yesterday. Staff A then retrieved a sticker which stated the order was changed, see new orders, and placed it on the bubble pack label.

An interview was conducted on 07/28/2015 at 4:49 PM with Licensed Practical Nurse (LPN)/Resident Care Coordinator. She stated there is no physician's order changing the prescription for Resident #7 from a PRN medication. She stated she believes the non PRN, every 6 hours, directions on the MOR might be an error by the pharmacy.

Class III