RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Five Oaks Rest Home
611 Old Welaka Road
Welaka, FL 32193

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 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 this office at (386) 462-6201.

Sincerely,

for

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911086	08/26/2015
NAME OF PROVIDER OR SUPPLIER **FIVE OAKS REST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **611 OLD WELAKA ROAD** **WELAKA, FL 32193**	

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

0000 Initial Comments

An unannounced Biennial and Limited Nursing Services licensure survey was conducted at Five Oaks Rest Home, An Assisted Living Facility in Welaka, Florida on ,2015. Licensure deficiencies were identified as a result of the survey.

0008 Admissions - Health Assessment

Based on interview and record review the facility failed to obtain and document omitted information on the Health Assessment Form (AHCA Form 1823) for 1 of 2 residents sampled (Resident #3).
Findings:
A review of Resident #3's medical record revealed an AHCA Form 1823, Resident Health Assessment dated . Further review of the health assessment revealed on page 3, Section D, Number 1, pertaining to the status of a communicable was left blank.
An interview was conducted with the Co-Administrator on at 5:12 PM. She confirmed that the information was omitted from the health assessment. She further stated that there was no documentation in the chart that the omitted information was ever received.
Class III

0010 Admissions - Continued Residency

Based on interview and record review the facility failed to ensure a resident had a face-to-face medical examination by a health care provider at least every 3 years in 1 of 2 sampled residents (Resident #3).
Findings:
A review of Resident #3's medical record revealed an AHCA Form 1823, Resident Health Assessment dated .
An interview was conducted with the co-administrator on at 4:15 PM. She confirmed that the last health assessment was completed on .

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that medications were in a secure place within the resident's in 2 of 17 observed.
Findings:
During the initial tour of the facility conducted on from 9:45 AM to 10:32 AM, an observation of revealed over the counter eye drops on the resident's night stand. The door of the

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open and unsecured. Further observation of at 11:30 AM, 1:30 PM, 4:00 PM and 5:20 PM revealed that the door remained open and unsecured.
During the initial tour of the facility conducted on from 9:45 AM to 10:32 AM, an observation of revealed over the counter Spray on top of Resident #3 dresser. is a semi-private two occupants. The medication was observed to be unsecured.
An interview was conducted with the Co-Administrator/Owner on at 9:54AM. She confirmed that the medications observed during the tour were unsecured and should have been kept locked or in a secure place.
A review of the facility's Medication Management Policy entitled "Policy: Over-the-Counter (OTC) Medications" states the following under procedures: 2. If in a private , OTC medications are to be kept in a locked box or in a drawer. 3. If in a semi-private , OTC medications are to be kept in a locked box at all times.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to maintain a safe living environment and an environment free from hazards as demonstrated by unsecured chemicals in the laundry .
Findings:
During the initial tour of the facility conducted on from 9:45 AM to 10:32 AM, the laundry observed to have no door. The laundry located in a building outside between the Main building (Building 1) and building 2. Inside the laundry building, above the washers and dryer were shelves. Observed on the shelves were unsecured chemicals that included the following: Bleach, Floor Cleaner, Glass Cleaner, Laundry Pre-Wash, unlabeled laundry soap in an open bucket, Pine-Glo Ammonia, with Bleach and , Line and Rust Stain Remover.
An interview was conducted on at 10:10 AM with the Co-Administrator/Owner. She confirmed that there was no door on the laundry the chemicals observed inside were unsecured.
An interview was conducted on at 5:15 PM with the Co-Administrator. She stated that the chemicals in the laundry be locked up.
Class III

N276 LNS - Nursing Services

Based on interview, observation, and record review the facility failed to ensure qualified staff provided limited nursing services for 1 of 1 resident sampled (Resident # 1).
Findings:
An interview was conducted with Resident #1 on at 10: 34 AM. Resident #1 stated she is not wearing her brace today, she wore it the day before yesterday, and one of the caregivers puts the brace

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on. She further stated she would like someone to put the brace on and that the caregiver usually puts it on after breakfast but that the brace is not put on every day.
An interview was conducted with Staff C on at 10:52 AM. Staff C stated that the brace is supposed to be on but she had not had a chance to put it on as there is not a set time to put it on each day. She also stated that the brace is supposed to be worn daily.
An observation was conducted on at 11:50 AM. Staff C was observed putting the brace on Resident #1. Resident #1 lifted up her arm and lowered it on the brace, then Staff C pulled the three velcro straps across the brace to hold it on and checked how tight the brace was by using two fingers.
An interview was conducted with the RN on at 11:43 AM. The RN stated he sees Resident #1 once per week and has trained the caregivers to put the brace on. He also stated that Resident #1 wears the brace for a couple of hours a day and that there is no set time.
An interview was conducted with Staff C on at 12:04 PM. Staff C stated that the RN trained me to put the brace on.
A review was conducted on the medical record for Resident #1 on at 1:05 PM. The record revealed an order dated for Resident #1's brace which reads "use 2 to 3 times per week for 4 to 6 weeks."
An interview was conducted on at 1:15 PM with Co-Administrator she stated that services were continued for the brace for 2 weeks after the order had ended and there was not a standing order for the brace to continue to be worn.
An interview was conducted on at 2:20PM. Interviewed the Co-administrator she stated that Resident #1 hand began to contract more and that is when Resident #1 requested to wear the brace. Co-administrator stated that Resident #1 already had the brace but would not wear it before .
On at 5:49 PM the PA Kristine Rynn sent an order e-mail to " Please continue Resident #1 brace as previously ordered. "
Class III