AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910071	10/14/2015
NAME OF PROVIDER OR SUPPLIER **OAKLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2812 N. NEBRASKA AVENUE** **TAMPA, FL 33602**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited mental health (LMH) services was conducted on .

The Oakland Manor, assisted living facility, had a deficiency at the time of the visit.

L243 LMH - Training

Based on record review, the facility failed to ensure that all staff who have direct contact with mental health residents in a licensed limited mental health facility have received a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.

Findings include:

AHCA Surveyor conducted a review of Employee files on / beginning at 10:00am. Four of 4 employee files reviewed did not contain evidence of a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.
Record review of Staff A's personnel file revealed that Staff A was hired as a Resident Care Aide on / and completed 8 hours of Limited Mental Health training on . Staff A was due for 3 hours of additional training by . There was no evidence of continuing mental health education in the Staff A's training records as of .
Record review of Staff B's personnel file revealed that Staff B was hired as a Resident Care Aide on / and completed 8 hours of Limited Mental Health training on . There was no evidence of Staff B participating in a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.
Record review of Staff C's personnel file revealed that Staff C was hired on / and completed 6 hours of Limited Mental Health training on / . There was no evidence of staff C participating in a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses or treatment.
Record review of the Administrator ' s personnel file revealed that the Administrator completed 8 hours of Limited Mental Health training on / . The Administrator was due for 3 hours of additional training by . There was no evidence of continuing mental health education in the Administrator ' s training records as of .
Per interview with the Administrator on at 3:00pm, the Administrator acknowledged not fulfilling the continuing education requirement and stated he will get the needed training as soon as possible and

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SUMMARY STATEMENT OF DEFICIENCIES
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ensure staff receive updated training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Oakland Manor
2812 N. Nebraska Avenue
Tampa, FL 33602

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) 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 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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