RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mission Oaks
10780 North US Highway 301
Oxford, FL 34484

RE: CCR #2015007060

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967831	10/28/2015
NAME OF PROVIDER OR SUPPLIER **MISSION OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301** **OXFORD, FL 34484**	

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

0000 Initial Comments

On . . . a complaint investigation (#2015007060) was conducted at Mission Oaks Assisted Living Facility in Oxford, Florida. Deficient practice was identified during the investigation.

0055 Medication - Storage and Disposal

Based on observations and interviews the facility failed to secure 1 of 5 residents medication for resident #1.

Findings:

On . . . at approximately 10:00 AM resident #1 Levothyroxin and Thyroxine medications were observed sitting on top of a medication cart unsecured in the front hall. Staff A who was assisting residents with self-administration of medication was observed assisting an unknown resident approximately 40 feet away from a second medication cart. During this time residents were observed to walk by the first medication cart that contained the unsecured medication on top of the cart (photos available).

On . . . at approximately 10:10 AM an interview was conducted with staff A in reference to resident #1 medication being left unsecured on top of the medication cart. Staff A stated she left resident #1 medication unsecured on top of the cart because she was in a hurry to assist another resident with her medication from the second cart.

Leaving medication unsecured where other residents have access can have potential harm if unsecured medication are taken by those residents.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interviews and record reviews the facility failed to file a State Adverse Incident Report for 1 of 5 residents which broke a bone and needed a high level of care while under the supervision of the facility for resident #5.

Findings:

On . . . at approximately 11:32 AM an interview was conducted with nurse E in reference to any

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residents breaking a bone in the facility and needing a higher level of care. She stated on resident #5 had an unobserved in his broke his right hip and had to go to rehab.

On a record review was conducted on resident #5. It was observed that a progress note dated at 12:50 AM Resident #5 was found on the floor with the door open yelling "help, help".....resident transferred via stretcher in ambulance to Villages Regional Hospital.

Progress note dated / at 4:30 PM states Visit made to Villages Rehab to assess resident.

A review of the residents 1823 health assessment dated was missing page 2. which states what type of activities of daily living the resident #5 needed prior to the .

On at approximately 11:58 AM the Administrator was asked if the facility filed a State Adverse Incident Report when resident #5 and broke his right hip and needed a higher level of care, she stated she did not think so but she needed to check with the nurse.

On at approximately 1:25 PM an interview was conducted with staff C registered nurse in reference to why a State Adverse Incident Report was not filed. She stated a report was not filed because they did not feel it was an event over which the facility could exercise control. She was asked was the resident under the facility's supervision at the time of the incident and she stated yes. She was asked if there was an internal incident report done. She said yes, but she cannot find it. She was asked why was page 2 of resident #5 1823 missing which she said she did not know, then called staff to look through the residents chart to find it.

Based on this investigation the facility could not produce page 2 of the residents 1823 health assessment to determine what type of ADL services the resident needed before the . The facility could not produce an incident report when the resident in the facility or explain how it was an event over which they couldn't exercise control, when the resident was under facility supervision.

Class III