STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	**11/17/2015**
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

0000 Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted at South Oaks Assisted Living Home on 11/16/15. Deficient practice was identified during the visit.

0008 Admissions - Health Assessment

Based on observation, interviews, and record review, it was determined that the facility failed to maintain a complete and accurate Resident Health Assessment for Assisted Living Facilities form, for 2 of 2 resident records reviewed (Resident #1 and #2). As evidence of the Health Assessment for Resident #1 showed that the Resident is to receive three times daily as well as sliding scale injections, although the Resident has never received these services during her residency at the facility. The Health Assessment for Resident #2 showed that the Resident is to receive medication management services, but does not indicate what level of assistance is to be provided.

The findings included:

1) During a review of records for Resident #1, it was noted that the Nursing Services portion of the Resident's current Health Assessment, dated / , documents the following: " Patient is on via finger stick 3 times a day before meals and sliding scale ." Photographic evidence was obtained.

A subsequent review of the Resident #1's Medication Observation Records and facility notes dating back to admission, as well as a review of Home Health Agency treatment records, revealed that the Resident had not had finger stick glucose testing ( ) or received at any time since her admission to the facility.

On / an 11:10 AM interview was conducted with the re-certification Registered Nurse (RN) from the Home Health Agency currently providing services for Resident #1. The RN stated that Resident #1 has been on oral medications only "at least back to , 2014". The RN confirmed that finger stick glucose testing is not ordered or being performed for Resident #1, and that the Resident does not receive sliding scale injections.

During an 11:40 AM interview with Resident #1, The Resident stated that she does not receive before meals or injections, and that she has received neither since her admission to the facility. The Resident further stated that she made the decision not to receive injections "years ago".

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During a 12:25 PM telephone interview with the Administrator, the Administrator did not dispute the findings. He offered no explanation for the inaccurate medical information on Resident #1's Health Assessment being left uncorrected since / .

2) During a review of records for Resident #2, it was noted that the Nursing Services portion of the Resident's current Health Assessment, dated / , documents the following services: "Medication management; Vital signs". Further review of the Health Assessment revealed that on page 4 of the Health Assessment, the question "Does the individual need help taking his or her medications?' This question is marked "Yes". However, the portion of the form used to indicate what type of medication assistance the Resident requires was left blank. Photographic evidence was obtained.

During a 12:25 PM telephone interview with the Administrator, the Administrator did not dispute the finding. The Administrator offered no explanation as to how he knew what type of medication assistance Resident #2 requires.

Class III

0055 Medication - Storage and Disposal

Based on observation, interview, and record review, it was determined that the facility failed to dispose of abandoned medications in a timely manner. As evidenced of found in the facility refrigerator for a Resident discharged in , 2014, and Bisocadyl suppositories was also found in the medication refrigerator for a Resident who had expired in , 2013.

The findings included:

During a / / 9:00 AM tour of the facility, accompanied by the Medication Assistant, the surveyor noted that the facility's medication refrigerator contained the following medications:

1) Resident #3:

a) 1 multi-dose vial of Humulog , 100 units per milliliter. Per the pharmacy affixed label, the was dispensed to Resident #3 on / .

b) 1 multi-dose vial of Lantus , 100 units per milliliter. Per the pharmacy affixed label, the was dispensed to Resident #3 on .

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SUMMARY STATEMENT OF DEFICIENCIES
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c) 1 multi-dose vial of , 100 units per milliliter. Per the pharmacy affixed label, the was dispensed to Resident #3 on 12/17/14.

The Medication Assistant (Staff #A) stated that Resident #3 was no longer a Resident in the facility, and that she was not sure why the medications were still in the refrigerator. During a 9:15 AM telephone interview with the Administrator, the Administrator stated that Resident #3 was discharged from the facility in of 2014, and that he thought the Resident's family had picked up the . A subsequent review of the facility's admission/discharge log confirmed that Resident #3 was discharged from the facility on . Photographic evidence was obtained.

2) Resident #4:

a) 7 10 milligram suppositories. Per the pharmacy affixed label, the Medication was dispensed to Resident #4 on / /.

Staff #A stated that she did not know why the medication was still in the refrigerator, as the Resident had expired "a long time ago". A review of the facility's admission/discharge log revealed that Resident #4 had expired on / /.

During a 9:15 AM interview with the Administrator, the Administrator stated, he was unaware that the medication had not been disposed. Photographic evidence was obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
South Oaks Assisted Living Home, LLC
6141 SW 34th Street
Miramar, FL 33023

Dear Administrator: **RE: Extended Congregate Care (ECC) survey**

This letter reports the findings of a state licensure survey with Extended Congregate Care (ECC) that was conducted on , 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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