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 revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547) which references the uncorrected deficiencies.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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,

Charles Bouy for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911086	R / /
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

A follow up visit to a biennial survey was conducted at Five Oaks Rest Home on / / . Five Oaks Rest Home had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to obtain and document omitted information on the Health Assessment Form (AHCA 1823) for 1 (Resident #11) of 5 residents sampled.
Findings:
A review of Resident #11's medical record revealed an AHCA Form 1823, Resident Health Assessment dated . Further review of the health assessment revealed on Page 2, Section 1, Item A pertaining to the need for assistance with Activities of Daily Living, the comment section indicating the explanation for extent of assistance needed was blank for ambulation, bathing, dressing, eating, self care, and toileting. The review also revealed Item C, Number 5 requiring a yes or no answer to "if the resident requires 24 hour nursing or care" was blank. And on Page 4, Section 2-B, Item B pertaining to the type of assistance for medications was not completed.
An interview was conducted with the Co-Administrator on / at 10:35 AM. She confirmed that the 1823 for Resident #11 was not completed for type of assistance needed for Activities of Daily Living, if the resident requires 24 hour nursing or care or what kind of medication assistance the resident requires.
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 resulting in the completion of a new AHCA Form 1823, Resident Health Assessment in 2 of 5 sampled residents. (Resident #12 and Resident #13).
Findings:
1. A review of Resident #12's medical record revealed an AHCA Form 1823, Resident Health Assessment dated .
An interview was conducted with the co-administrator on / at 11:10 AM. She confirmed that the last health assessment was completed on .
2. A review of Resident #13's medical record revealed an AHCA Form 1823, Resident Health Assessment dated .
An interview was conducted with the co-administrator on / at 11:15 AM. She confirmed that the last health assessment was completed on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911086	R [illegible]
NAME OF PROVIDER OR SUPPLIER **FIVE OAKS REST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **611 OLD WELAKA ROAD** **WELAKA, FL 32193**	

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Class III