RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Oakridge Assisted Living Facility
297 Sw County Road 300
Mayo, FL 32066

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 , 2016.** 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,

Charles Boy for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965486	12/08/2015
NAME OF PROVIDER OR SUPPLIER **OAKRIDGE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **297 SW COUNTY ROAD 300** **MAYO, FL 32066**	

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

0000 Initial Comments

On an unannounced Extended Congregate Care (ECC) Monitoring Survey was conducted at Oakridge Assisted Living Facility in Mayo FL. Deficiencies were identified as a result of this survey. The facility is not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to properly assist 1 of 5 residents with the self administration of medication by not preparing the medication in the presence of the resident and not reading the label in the presence of the resident (Resident # 7).

Findings:

On at 11:00 AM an observation was conducted of Patient Care Assistant ( ) removing a packet containing pills for Resident #7 from the medication cart. The removed the medication from the original packaging and poured the one pill into a small white cup. The entered Resident #7's the hallway with the medication in the cup. The stated to Resident #7 "I have your medication for you."

On at 11:09 AM an interview was conducted with Resident #7. She stated she does not know which medication she received, but she knows that it is an important medication for her.

On at 1:33 PM an interview was conducted with the . She stated that she knows and has been trained to pour the medications into the cup in front of the residents. The confirmed that she is not a licensed nurse.

A review of the facility's policy and procedure with the subject: Assistance with self-administration of medications by non-licensed staff, last reviewed , Procedure 4, stated:

A. Taking the medication in it's previously dispensed properly labeled container from where it is being stored and bringing it to the resident.

B. In the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container and close the container.

C. Place an oral dosage in the resident's hand or place the dosage in another container and help the resident by lifting the container to his or her mouth.

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D. Return the medication to it's proper storage.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 1 of 3 employees (Staff C) received a statement of free from communicable from a physican, or a negative screen administered, prior to hire or within 30 days of hire.

Findings:

A review of Staff C's employee record showed no statement of free from communicable from a physican or a negative screen administered prior to hire or within 30 days of hire. Staff C's hire date was observed to be .

An interview was conducted on at 4:00 PM with Staff C. She stated she has been employed at the facility for more than 30 days and has not had the skin test performed. She stated she does not have a doctor's exam showing that she is free from communicable .

An interview on at 4:10 PM with the Administrator. She confirmed that Staff C's personnel record does contain a statement of free from communicable , or that Staff C has had a skin test completed, and that she has been employed at the facility for more than 30 days.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that 3 of 3 employees (Staff A, B and C) received the required in-service training within 30 days of hire.

Findings:

Review of Staff A's employee record showed date of hire as . Further review of Staff A's employee record showed no documentation of completion of Control Training nor Elopement Response Training.

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Review of Staff B's employee record showed date of hire as . . . . . Further review of Staff B's employee record showed no documentation of completion of Control Training, Activities of Daily Living and Behavioral Needs Training, Emergency Preparedness and Evacuation Training, nor Incident Reporting Training.

Review of Staff C's employee record showed date of hire as . . . . . Further review of Staff C's employee record showed no documentation of completion of Control Training, Activities of Daily Living and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness and Evacuation Training, Resaident Rights Training, Training, nor Recognizing/Reporting , Neglect and Training.

An interview was condcuted on at 4:10 PM with the Administrator. She confirmed that Staff A,B,and C's personnel records did not contain documentation of the required 30 day training. She further stated that Staff A,B,and C have been employed at the facility for more than 30 days.

Class III

0090 Trainina -

Based on record review and interview, the facility failed to provide
( ) Training for 1 of 3 direct care staff (Staff C) within 30 days of hire.

Findings:

Review of Staff C's employee record showed date of hire as . . . . . Further review of Staff C's employee record showed no documentation of completion of Training.

An interview was conducted on . . at 11:45 AM with the Administrative Assistant, who confirmed there was no documentation for Staff C shwoing receipt of Training.

Class III