STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964696	12/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OSPREY VILLAGE AT AMELIA ISLAN	76 OSPREY VILLAGE DRIVE AMELIA ISLAND, FL 32034

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

0000 Initial Comments

On , 2015, an abbreviated licensure and Extended Congregate Care survey was conducted at Osprey Village at Amelia Island. Deficient practice was identified during the survey.

0086 Training - ADRD

Based on record review and staff interview, the facility failed to provide documentation of the required four-hour training related to and Related Level I(ADRD) for one of four sampled employee files. (Employee B)

The findings included:

A review of Employee B's personnel record was conducted on . There was no level I training available for review. Employee B was hired on .

An interview was conducted with the Administrator at 4:40 p.m. on / / . The Administrator stated that she was certain the required training had been completed, however, she was unable to find the training for Employee B during the time of the survey.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review and staff interview the facility failed to maintain a safe living environment for one resident (#3) out of 11 sampled residents.

The findings include:

An unsecured tank (O2) tank was observed in next to the door on / at 12:20 pm.

The tank was observed again at 1:24 pm. It was in the same position by the door and was not secured. Photo obtained.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964696	12/01/2015
NAME OF PROVIDER OR SUPPLIER OSPREY VILLAGE AT AMELIA ISLAN	STREET ADDRESS, CITY, STATE, ZIP CODE 76 OSPREY VILLAGE DRIVE AMELIA ISLAND, FL 32034	

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

Review of the physician's order dated for Resident #3 revealed an order that read: "O2 @ 5L min via NC for . O2 @ 5L min via NC continuously for . Schedule: Daily 07:30 to 15:00. Daily 15:30 to 23:00. Daily at 23:30. Original date: ."

Review of the policy and procedure for Medication; Administration dated / revealed no statement regarding the safety of residents or staff when storing or moving equipment.

During an interview with Employee D on / at 1:25 pm she stated the canister should not have been left unsecured on the floor next to the door. She picked it up and could not determine if the canister was empty or full. She stated there is a third party provider that delivers the tanks and picks them up. She stated the resident does not usually use a tank for mobile O2 but stays in her has her concentrator on. She stated she would have to put a pressure gauge on the tank to determine the amount of in the tank.

During an interview with the Health Care Administrator on / at 1:50 pm after she was shown the photo of the canister in Resident #6's , she stated that she was unaware of the tank stored in an unsecured manner. She stated that is should be secured. She stated she didn't think there was a contract with the provider that brings the tanks in for Resident #3. She stated that the nursing staff at the facility should be making sure the tanks are secure whenever they go into her .

Class III

E210 ECC - Training

Based on record review and staff interview, the facility failed to ensure that the Extended Congregate Care (ECC) Supervisor completed four hours of initial training in ECC within three months of beginning employment as the ECC Supervisor.

The findings included:

A / review of the personnel file for the Director of Nursing (DON) revealed that there was no documentation of the required initial four-hour ECC training available for review in her file. Her Assisted Living Facility Core training was completed on / .

During an interview with the DON and the Administrator at 3:00 p.m., the Administrator stated that the

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	AL11964696	**12/01/2015**
NAME OF PROVIDER OR SUPPLIER **OSPREY VILLAGE AT AMELIA ISLAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 OSPREY VILLAGE DRIVE** **AMELIA ISLAND, FL 32034**	

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

DON's four-hour ECC training had been overlooked, and that she would ensure that the training was received.

A __/__ review of the personnel file for the administrator revealed that she was hired on __. There was no documentation of a minimum of four hours of continuing education that met the criteria for ECC available for review. (photographic evidence obtained)

The administrator confirmed during an interview and a review of her personnel file with the surveyor on __/__ at 5:20 p.m., that she was unable to produce documentation of the appropriate continuing education training related to extended congregate care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Osprey Village At Amelia Island
76 Osprey Village Drive
Amelia Island, FL 32034

Dear Administrator:

This letter reports the findings of a state licensure abbreviated and Extended Congregate Care survey that was conducted on , 2015 by representatives 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 15, 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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