STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968474	12/17/2015
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF LAKE MARY-CORDOVA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 ROYAL GARDENS CIR** **LAKE MARY, FL 32746**	

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

0000 Initial Comments

A complaint investigation (CCR#2015009953) was conducted at Oakmonte Village of Lake Mary on and . Oakmonte village of lake Mary had a deficiency found at the time of the investigation.

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times (#8).

Findings:

On / at 3:15 p.m. a medication pass observation was made in a common area, first floor of the Cordova unit. Staff C, an unlicensed staff removed Resident #8's medication packets from a locked medication cart and placed the pills into a cup. Staff C handed the cup and a glass of water to Resident #8 who sat by the medication cart. She told the resident to take his medications.

Staff C did not follow the appropriate procedures at all times and did not in the presence of the resident, read the label, open the container and remove the prescribed amount of medication from the container.

On / at 3:20 p.m. Staff C stated that she did not read the labels because it's in public area.
On / at 5:00 p.m. the executive director (ED) and the director of resident care were informed about the above finding. The ED said that the staff should have read the label to the resident regardless of the 'public area'.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Oakmonte Village Of Lake Mary-Cordova
1001 Royal Gardens Cir
Lake Mary, FL 32746

RE: CCR #2015009953

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 15 & 17, 2015 by representative(s) 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 , 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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