| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968605 | 01/14/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**MY NEW OASIS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2640 SW 32 CT**<br>**COCONUT GROVE, FL 33133** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on _ /_ _ _ _. My New Oasis had the following deficiencies:

**0010 Admissions - Continued Residency**

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of five (#1) sampled residents met continued residency criteria. The facility also failed to have an updated health assessment that documented the changes in one out of five (#1) sampled residents' activities of daily living (ADLs).
Findings included:
Record review on _ /_ _ _ _ showed that Resident #1's health assessment (AHCA form 1823) dated _ _ _ _ specified that the resident needed assistance with self-administration of medication. The assessment also documented that Resident #1 required assistance with all ADLs including eating.
During an interview on _ /_ _ _ _ at 11:00 AM Staff B stated Resident #1 can not hold the spoon to take medication or to eat.

Class III

**0053 Medication - Administration**

Based on record review and interview, the Assisted Living Facility failed to ensure that only licensed personnel administered crush medications to one out of five (#1) sampled residents.
Findings included:
Record review on _/_ _ _ showed that Resident #1's health assessment (AHCA form 1823) dated _ _ _ _ specified that the resident needed assistance with self-administration of medication. Further record showed Resident #1 had a physician order to crush medications dated _/_ _.
During an interview on _/_ _ _ at 11:00 AM Staff B stated I assist the resident with medications at 7:00 PM every day. She stated I did assisted Resident #1 with crash medications. She stated I crushed the medication and placed them in yogurt, mixed it with spoon and I put in her mouth. She stated Resident #1 can not hold the spoon to take medication or to eat.
During an interview on _/_ _ _ at 10:00 AM the facility's Administrator stated that staff did crush medication for Resident #1. He stated we mixed with food with the spoon we gave the medication in to her mouth.
Class III

**0054 Medication - Records**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968605** | **01/14/2016** |
| NAME OF PROVIDER OR SUPPLIER **MY NEW OASIS** | STREET ADDRESS, CITY, STATE, ZIP CODE **2640 SW 32 CT COCONUT GROVE, FL 33133** | |

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

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a daily medication observation record (MOR) for each resident who received assistance with self-administration of medications for 1 out 5 (#5) sampled residents.
Founding included:
Observation on / at 9:10 AM found Staff C initialing medication observation records (MORs) on the facility's patio for the 7:00 AM medications.
Staff C stated during the observations "I forgot to initial the 7:00 AM morning medications."
Record Review on / showed the MORs for Resident #5's 2.5 MG (7:00 AM) was not initialed by staff and bingo card was punched on /.
During an interview on / at 12:30 PM the facility's Administrator reviewed the MOR and Resident #5's bingo card and acknowledged staff did not initialed the book.
Class III

**Z815 Background Screening: Prohibited Offenses**

Based on record review and interview, the Assisted Living Facility failed to have one out of three sampled staff (B) rescreened by , 2015.

Findings included:

Staff B stated on / at 11:00 AM that she has been working in the facility since they open the ALF and she assisted with giving residents their medications.

Record review found Staff B's background screening was dated . The facility did not have any documentation that Staff B was rescreened by , 2015.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
My New Oasis
2640 Sw 32 Ct
Coconut Grove, FL 33133

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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