RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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 , 2016 by a representative 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bray for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965486	03/04/2016
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.

E210 ECC - Training

Based on record review and interview, the facility failed to provide all of the required Extended Congregate Care (ECC) in-service training for 3 of 3 staff (Staff A and B, and the Administrator).

Findings:

On , record reviews were conducted on direct care staff, Staff A and B, and on the Administrator. During the review it was observed that Staff A, who was hired , did not have documentation showing she had received ECC Training. Staff B, who was hired on , did not have documentation showing that she received ECC training. The Administrator, who was hired on / , did not have documentation showing that she received ECC training within 3 months of being hired.

An interview was conducted on at 1:30 PM with the Administrator. She confirmed that Staff A and B's personnel records did not contain documentation of the required ECC training within 6 months of hire. She confirmed that Staff A and B have been employed at the facility for more than 6 months. The Administrator also confirmed that she has not completed the ECC initial training within 3 months of employment.

No further information was provided.

Class III