STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968474	03/07/2016
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

Complaint investigation #2015013343 was conducted on . Oakmonte Village of Lake Mary - Cordova had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to adequately provide supervision to prevent for 1 of 4 sampled residents (#1).
Findings:
A review of the resident #2's record revealed she was admitted on . The resident's health assessment (AHCA 1823) was updated on / after a significant change (hospital and rehab admission). The health assessment listed the resident's diagnoses of Left Femur , and . The resident was under hospice care. She used a wheelchair and needed assistance with transfers and had physical or sensory limitations. Also the resident was a risk for .
A review of the facility incident reports revealed the resident had multiple prior to the / that resulted in a left hip . The incident reports showed the following:

/ 10:00 p.m. the resident was observed on , floor mat on her bottom. No apparent injury. Steps taken to prevent recurrence: bed rails need to be up when resident goes to bed. / , 6:45 p.m. the resident was observed on the floor, on her bottom, in the living . No apparent injury noted. Steps taken to prevent recurrence read: hospice out to see resident, started on c/c (continuous care).
/ / , 8:30 p.m. The resident was found on the floor near activity area. No apparent injury noted. Steps taken to prevent recurrence read: resident to be monitored closely while awake and in wheelchair. Keep in common areas.
, 10:20 p.m. The resident was observed on floor (in) by a staff during a change of shift rounds. Resident family was notified. The note read "no send to hospital. " No apparent injury noted. Steps taken read: will try to reattach bedrails, will fill out maintenance request.
5:15 p.m. The resident was found outside on back-side on the floor. The resident's nephew was called. The note read: "refused hospital." Type of injury: A. Hematoma ( ), a picture was pointed to left hip location; B. (scrape), a picture was pointed to left elbow. Emergency treatment given: First aid. Steps taken: wheelchair primarily, no outside alone. Sent to ER next day.
A review of progress notes revealed the resident was under hospice continuous care status past (s/p) . The resident was to be monitored while awake and up to wheelchair. The progress notes dated indicated the resident was up to wheelchair throughout the day, propels self throughout building.
Progress notes dated / read: On , at 5:15 p.m. resident was observed outside in court

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yard laying on her left side on the ground in her wheelchair (w/c). W/C tipped over, resident denied pain/discomfort, Skin noted to left elbow, first aid applied and covered with aid. Resident assisted back up to w/c to dining . Hospice was notified. New order for X-ray to left hip indicated acute injury. Resident's family notified, resident sent to a hospital (name) emergency department. The notes stated the resident's nephew informed the writer (director of resident care - DRC) that the resident was transferred to a hospital and scheduled to have hip surgery at 6:30 p.m. On (the date was clarified with the RCD who documented the progress notes).
A review of hospice notes revealed hospice nurse visited the resident on due to report of delayed pain s/p on / while transferring from wheelchair by self. Hospice physician ordered Left hip 2 view X-ray s/p with pain.
report, Date of Service / , time: 03:19 p.m. showed the result of a involving the left neck with impaction and minimal displacement. The joint shows no . Pubic rami are intact.
On at 5:30 p.m. an interview was conducted with the executive director (ED) and the DRC of the Sienna Memory Care unit. Both stated that the facility did not send Resident #2 to a hospital when the occurred on / because the resident did not have an apparent injury. The ED stated that the facility received the X-ray result on at 1:30 a.m. So the resident was sent out to a hospital on . When asked what type of prevention was in place, the DRC stated that "we keep an eye on them in activity area."
Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure prescriptions for Resident #2 were filled or refilled in a timely manner.

Findings:

A review of Resident #2's Medication Observation Records (MOR) of 2015 revealed on / and , medication: tablet 20 milligram (mg), to be given 1 tablet by mouth once daily for , at 8 a.m., there was a staff's initial with a circle around it on both days.

A review of "Medication Notes" for / and / corresponding to the medication revealed a notation "Med not available - back order".

On at 6:00 p.m. the director of resident care, Sienna Memory Care explained that a circle around the staff's initial meant 'Resident refused'. When asked why the Medication Notes stated "Med not available - back order", instead of 'resident refused', she explained that staff usually did not know the

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brand name and generic name of the medication (i.e. was a generic name for). When he/she did not see the medication in the cart, he/she would note "not available."

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to submit incident reports to the Agency for Health Care Administration (AHCA) for 1 of 4 residents reviewed (#2).

Findings:

A review of the resident#2 ' s record revealed she was admitted on . The resident's health assessment (AHCA 1823) was updated on / after a significant change (hospital and rehab admission). The health assessment listed the resident's diagnoses of Left Femur , and . The resident was under hospice care. She used wheelchair and needed assistance with transfers, had physical or sensory limitations. The resident was a risk.
A review of the facility incident reports revealed the resident had multiple prior to the that resulted in left hip . The incident reports showed the following:
/ / 10:00 p.m. the resident was observed on , floor mat on her bottom. No apparent injury. Steps taken to prevent recurrence: bed rails need to be up when resident goes to bed.
/ , 6:45 p.m. the resident was observed on the floor, on her bottom, in the living . No apparent injury noted. Steps taken to prevent recurrence read: hospice out to see resident, started on c/c (continuous care).
/ / , 8:30 p.m. The resident was found on the floor near activity area. No apparent injury noted. Steps taken to prevent recurrence read: resident to be monitored closely while awake and in wheelchair. Keep in common areas.
, 10:20 p.m. The resident was observed on floor (in) by a staff during a change of shift rounds. Resident family was notified. The note read "no send to hospital." No apparent injury noted. Steps taken read: will try to reattach bedrails, will fill out maintenance request.
/ 5:15 p.m. The resident was found outside on back-side on the floor. The resident's nephew was called. The note read: "refused hospital." Type of injury: A. Hematoma ( ), a picture was pointed to left hip location; B. (scrape), a picture was pointed to left elbow. Emergency treatment given: First aid. Steps taken: wheelchair primarily, no outside alone. Sent to ER next day.
On at 5:45 p.m. an interview was conducted with the director of resident care (DRC) and the executive director (ED) of the Sienna Memory Care unit. The ED stated that the resident was sent out to a hospital on . From the hospital, the resident went to a skilled nursing home for rehabilitation. The resident returned to the facility on / / . The DRC stated that she had not submitted incident

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reports to AHCA.
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 #2015013343

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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