RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Spring Oaks
7251 Grove Road
Brooksville, FL 34613

RE: CCR #2016000805, CCR #2016001377, CCR #2016001575 & CCR #2016002105

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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	04/27/2016
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD** **BROOKSVILLE, FL 34613**	

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

0000 Initial Comments

An unannounced complaint investigation (#2016000805, 2016001377, 2016001572, 2016002105) survey was conducted on through at Spring Oaks Assisted Living Facility in Brooksville, FL. Deficiencies were identified during the visit. The facility was not in compliance.

0077 Staffing Standards - Administrators

Based on observation and interview, the facility failed to notify the state licensing agency of the change of administrators.

Findings:

Observation of the facility on at 8:00 AM revealed a change in the Executive Director (Administrator).

During an interview on at 8:00 AM with the current Executive Director, she described her position duties as a higher level than Executive Director within the corporation that owns this facility. She stated the previous director left the position with no warning. She stated the director left work and did not return. She provided no notice to the company. As they realized she was not returning, the present director, who was in the facility on a frequent basis as a part of her typical duties, was assigned the directorial duties on or about . She said she began coming each day to the facility by , 2016. She confirmed they did not inform the state agency of the change.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain hallway carpeting in 3 of 3 halls in the regular Assisted Living sections of the facility, along with 13 freestanding canisters of in 4 of 15 reviewed (#101, 102, 123, 150).

Findings:

1.) During a tour of the facility beginning at 8:00 AM with the Program Manager, the odor in 3 of 3 hallways, located in the regular section of the center, emanating from the carpeting smelled like . There were stains observed on the carpeting throughout all 3 halls which were too numerous to count as they overlapped each other.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	04/27/2016
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD** **BROOKSVILLE, FL 34613**	

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

During an interview with the Manager and the Director on at approximately 8:25 AM, they confirmed there was an odor emanating from the carpeting and numerous stains on the carpeting.

2.) During the tour on beginning at 8:00 AM with the Program Manager, freestanding canisters/cylinders were observed. The canisters were more than 2 feet tall and were standing, unsecured, on the floors, in resident #101- 5 cylinders, #102- 6 cylinders, #123-1 cylinder and #150-1 cylinder.

During an interview with the Manager on at approximately 8:25 AM, she confirmed the canisters should each have a stand.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to file an Agency for Healthcare Administration (AHCA) adverse incident report for an allegation the facility received on /

Findings:

During an interview with the Executive Director (Regional) on at 12:30 PM, she stated no AHCA Adverse Incident Report had been submitted for the allegation of the facility had received on /. While she called law enforcement and the protective service hotline and reported immediately to both, she could not access the AHCA electronic website because she had no password. She stated they had not filed a Change of Administrator for the facility. She said she needed a password, but did not have one.

Review of the e-mails dated / between the director and the other corporate office staff showed they determined they needed to file the change of administrator to be able to get the password for the AHCA electronic adverse incident report website. That was not done so the report could not be submitted.

Class III.