

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED 05/12/2016
NAME OF PROVIDER OR SUPPLIER PLANTATION OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	

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

0000 Initial Comments

A Complaint investigation #2015010482 was conducted on . Plantation Oaks Senior Living had deficiencies at the time of the visit.

0085 Training - Nutrition & Food Service

Based on personnel record review and interview the facility failed to ensure the Dietary Manager (staff A) had the documentation confirming the annual 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings:

Staff A's personnel record review revealed no documentation of the completed 2 hours annual continuing education training as required for the person designated who is responsible for the day to day supervision of food service.

During an interview on at 6 PM with the Director of Operations, who confirmed that staff A does not have the 2 hours annual continuing education training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure all exit doors are locked and secured for the safety of the residents in pursuant to Section 429.28(1)(a), F.S.

Findings:

Observation on at 4 PM, the northeast (on the side of facility) exit door was ajar with a brick propping in between to hold open for anyone to enter the facility without checking in with the receptionist and entering in the front entrance of the facility.

The surveyor immediately entered into the facility through this same propped open exit door during a complaint investigation visit with following up and checking in at the front desk with the receptionist where the front entrance into the facility is located.

During tour on at 4:20 PM with the Director of Operations, the propped on door was brought

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED 05/12/2016
NAME OF PROVIDER OR SUPPLIER PLANTATION OAKS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	

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

to his attention. It was explained to the Director of Operation that anyone could enter or exit from this door. The Director of Operations stated that the brick is used to keep the door open for when the contracted vendors come into the facility for an easier access instead of entering the front entrance.

During an interview on : at 6 PM with the Director of Operations who stated he understood the exit door being ajar was a safety issue for the residents and he will discuss further with the upper management.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

RE: CCR #2015010482

Dear Administrator:

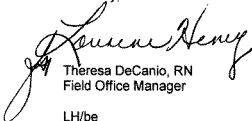
This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

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 Lorraine Henry at -2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone: (407) 420-2502; Fax: (407) 245-0998
AHCA.MyFlorida.com



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