RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mission Oaks
10780 North US Highway 301
Oxford, FL 34484

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967831** | **05/04/2016** |
| NAME OF PROVIDER OR SUPPLIER **MISSION OAKS** | STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301 OXFORD, FL 34484** | |

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

**0000 Initial Comments**

On , & 5th 2016, a biennial licensure survey with Limited Nursing Services (LNS) was conducted at Mission Oaks Assisted Living Facility. Deficient practice was identified. The facility was not in compliance at this time.

**0008 Admissions - Health Assessment**

Based on record review and interview, the facility failed to complete the Resident Health Assessment (AHCA Form 1823) for 2 of 2 residents reviewed (Residents #6 and #14).

Findings:

On , a record review was conducted on Resident #6 and Resident #14, which showed the Resident Health Assessments (AHCA Form 1823) were incomplete. Resident #6's 1823 health assessment dated / / states he receives assistance and supervision for activities of daily living (ADLs). It was observed that page 5 of the 1823 health assessment was not completed as required. Resident #14's 1823 health assessment dated / / states she receives assistance and supervision for her activities of daily living (ADLs). It was observed that page 5 of her 1823 health assessment was not completed as required.

On at approximately 12:20 PM, an interview was conducted with the Administrator regarding the incomplete 1823 health assessments for Residents #6 and #14. She stated she did not know that the facility was required to fill out page 5 on the 1823 when a resident receives supervision or assistance with ADLs.

Class III