STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
AL11968474	A. Building B. Wing	

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONTE VILLAGE OF LAKE MARY-CORDOVA	1001 ROYAL GARDENS CIR LAKE MARY, FL 32746

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) [signature]	DATE 4/6/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: 9LTU12

STATE FORM: REVISIT REPORT ( )

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONTE VILLAGE OF LAKE MARY-CORDOVA	**1001 ROYAL GARDENS CIR LAKE MARY, FL 32746**

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

0000 Initial Comments

Revisit to complaint #2015013343 was conducted on 5/19/16. Oakmonte Village of Lake Mary-Cordova had an uncorrected deficiency at the time of the visit.

0165 Risk Mgmt & QA: Adverse Incident Report

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility still failed to submit incident reports to the Agency for Health Care Administration (AHCA) for 1 out of 4 residents reviewed (R2).

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, had physical or sensory limitations. The resident was 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.
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

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OAKMONTE VILLAGE OF LAKE MARY-CORDOVA	**1001 ROYAL GARDENS CIR LAKE MARY, FL 32746**

SUMMARY STATEMENT OF DEFICIENCIES
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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 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 DRC 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 5:45 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 reports to AHCA.
On at 4:00 p.m. the DRC stated that the facility had not submitted an incident report to the agency regarding Resident #2's incident.

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: Revisit to #2015013343

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on May 19, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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