RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Marion Oaks Assisted Living
3590 SW137th Loop
Ocala, FL 34473

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 Boyer for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968660	05/25/2016
NAME OF PROVIDER OR SUPPLIER **MARION OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3590 SW 137TH LOOP** **OCALA, FL 34473**	

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

0000 Initial Comments

On , 2016 through , 2016, a biennial licensure survey was conducted at Marion Oaks Assisted Living Facility (facility license number 12557). Deficient practice was identified. The facility was not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility failed to provide assistance with self-administration of medication in accordance to the regulation, by not reading the medication label in the presence of 2 of 3 residents (Resident #2 and #8).

Findings:

1.) On at approximately 11:45 AM, Certified Nursing Assistant (CNA) D was observed to assist Resident #2 with self-administration of medication. CNA D gave the resident a vile of for her breathing treatment. CNA D did not read the label in the presence of the resident before assisting Resident #2 with her medication.

On at approximately 11:47 AM, an interview was conducted with CNA D. She was asked why did she not read Resident #2 the medication label in her presence. She stated she forgot to do so.

2.) On at approximately 2:20 PM, CNA C was observed assisting Resident #8 with his medication. CNA C placed the medication into a small cup and handed the resident the medication. CNA C did not read the label in the presents of the resident.

On at approximately 2:25 PM, an interview was conducted with CNA C. She was asked why did she not read the medication label in the presence of Resident #8. CNA C stated the resident does not understand what he is taking.

On , a record review was conducted on Resident #8's Resident Health Assessment (AHCA Form 1823), dated . The 1823 stated Resident #8 has been diagnosed with . His /behavior status is documented as .

Class III

0078 Staffing Standards - Staff

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Based on record review and interview, the facility failed to ensure that all staff received a negative [redacted] ( ) examination on an annual basis and a written statement from a health care provider which documents no signs or symptoms of a communicable for 1 of 3 staff reviewed (Staff B).

Findings:

A review of the personnel record of Staff B revealed no evidence of a negative examination. There was also no evidence of a health care statement to indicate that Staff B was free from any communicable . Staff B's date of hire is documented as .

On , 2016 at approximately 11:05 AM, an interview was conducted with the Administrator who stated she would attempt to obtain documentation of the negative result and a communicable statement from a health care provider for Staff B which indicates no signs or symptoms of a communicable . Near the conclusion of the staff record review, conducted on , 2016, at approximately 11:40 AM, the Administrator confirmed, during a second interview, that she had not received the documentation needed to support Staff B's negative test result or a communicable statement from a health care provider which documents no signs or symptoms of a communicable .

Class III