STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911313	08/07/2016
NAME OF PROVIDER OR SUPPLIER **ALABAMA OAKS OF WINTER PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1759 ALABAMA DRIVE** **WINTER PARK, FL 32789**	

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

0000 Initial Comments

A Re-licensure survey was conducted on , , and . Alabama Oaks of Winter Park Assisted Living, License # 37 had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to treat 1 of 17 residents with consideration and respect by restraining him in a recliner chair with a tray that he was unable to remove (#8).

Findings:
On , Resident #8, who is under Hospice care, was observed seated in the living a recliner chair with attached tray. He was napping for the entire length of my visit.
On at 11:18 AM, Staff H stated he cannot remove the tray on his own and it is always in place.
On at 11:27, the visiting hospice caregiver stated Resident #8 was her hospice client and he required total care with all ADLs. She confirmed he cannot remove the tray and it is always in place.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on personnel record review and interview, the facility failed to ensure 1 of 3 sampled staff (A) documentation (certificate) of the initial 4-hour training for an unlicensed staff to provide assistance with self-administered medication and medication management.

Findings:
Staff A's personnel record review revealed no documentation (certificate) of the initial 4-hour assistance with self-administration of medication and medication management training for unlicensed staff. Staff A's date of hire was on 2015.

During an interview on at 3 PM with the administrator, who stated that she was not aware that staff A did not have the training certificate in the personnel file.

Class III

0161 Records - Staff

Based on Personnel Record Review and Interview, the facility failed to ensure the job description for the

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Administrator was maintained in the record and available for review.

Findings:

Personnel Record Review on / revealed that the record for Staff E, the Administrator, did not contain a job description.

In an interview with the Administrator on / at 3:00 PM, she confirmed that she did not have a job description.

Class

Z814 Background Screening Clearinghouse

Based on the Background Screening (BGS) Clearinghouse website and interview, the facility failed to update the website to reflect current employees for 4 of 4 sampled employees (A, B, C, and D).

Findings:

On at 9 AM revealed the employee roster on the Background Screening (BGS) Clearinghouse online website did not list employees currently working at the facility registered and updated on the employee roster. The employee roster had no employees listed.

During an interview on at 3 PM with the administrator who stated that she was not aware of the Background Screening (BGS) Clearinghouse employee roster.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 staff had a Level 2 eligible background screening completed before direct contact with residents (B).

Findings:

Review of Staff B's personnel record review revealed documentation that Agency review was required. There was no eligible background screening found at the time of the survey. Staff B date of hire is

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On at 2:30 PM, the Background Screening (BGS) website was checked. The information on the website at that time documented "Agency Review Required" for eligibility.

During an interview on at 3 PM with the administrator who confirmed she was not aware the documentation of staff B's Level 2 BGS eligibility record was incorrect and not updated.

Unclassified

Z827 Unlicensed Activitv

Based on Observation, Record Review and Interview, the facility allowed a resident to move into an unlicensed cottage that was from the licensed Assisted Living Facility although the individual required oversight and supervision.

Findings:
On at 10:05am, a Resident #4 approached the surveyor to be interviewed. The surveyor asked if she lived in the facility and she said "Oh yes, I live out back!" and she took the surveyor out to her apartment. The building was from both the main house and the back cottage. There was a main her bed and a TV, a full a closet. There was no kitchen. She stated that the facility staff did the housecleaning and her laundry. The surveyor was later informed by facility staff that this was an independent resident.
Resident #4 stated that she loved living there. She received all of her meals with the residents in the main house. She enjoyed doing activities with them and going on outings. When asked if she received any help from the staff for a shower or getting dressed, she said, " They don't have to help me most of the time. But, if I do want help, they will come and help me. I can usually take a shower and get dressed." When asked if she took any medication, she said yes, she takes pills twice a day. She said, " My sister comes in the morning and brings me my medicines. She is my guardian. I used to take them, but I can't do that anymore."
At the end of the interview she stated, "I love it here- it is so uplifting. I am so happy to be here because I wander. That's why I am here. People know where I am. There is a gate and I can be safe."
The facility is a large property with a main house and a back cottage, which are both licensed for Assisted Living residents. There are also several separate buildings. Resident #4 was residing in a building immediately behind the main building. There was a fence around the perimeter of the property, with a locked gate that requires a code to exit. Guests could enter freely, but anyone leaving must know the code to unlock and open the gate to leave the property.
In an interview with the Resident #4's sister/guardian on at 2:38 PM, she said her sister has had

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a diagnosis of all her life. She tried having the sister live with her, but it wasn't working out. "She has been mentally since birth. She needs a secure and safe environment. She cannot be left alone for 24 hours a day. We tried Easter Seals day care for a while, but this is so much better for her. If I am sick or on vacation, the facility, or other family members in the area, can give her the medications. She takes medicines. I go in the morning and she takes that dose. I leave her PM dose with her, and she takes that later in the day." No medications were observed in the apartment. Resident #4 stated she did not have medications in her .

On at 3:10 PM the administrator stated, " We do not have any records for our independent residents. We provide her meals, housecleaning and laundry. She does activities with us and we take her on outings. Her sister does her meds. She has other family nearby who can help too. She has never wandered, so safety is not a concern. She would be very unhappy and would decline if she were moved, even into the main building. But we don't have a space for her right now anyway."

On at 11:00 AM the administrator, who was on vacation and responding to her acting administrator by phone, that the records for the "independent residents " were in a locked cabinet and she had the only key with her.

On , at 11:04 AM, Staff G, caregiver, said she works 9 PM-9 AM most days, but she was working extra to cover for the day person who had an appointment that morning. She said she works nights in the main house. When asked if she routinely checked in on Resident #4 or another independent resident, she said (hesitatingly), " No, but if they call or need anything, we will go help them. "

The facility is allowing an individual with a diagnosis of , who requires medications twice daily and needs supervision, to reside alone in a and unlicensed building on the property.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Alabama Oaks Of Winter Park
1759 Alabama Drive
Winter Park, FL 32789

RE: Re-licensure survey

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 22, 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

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