RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Spring Oaks
7251 Grove Road
Brooksville, FL 34613

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 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 (386) 462-6201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	R 06/28/2016
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD** **BROOKSVILLE, FL 34613**	

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

0000 Initial Comments

On , 2016, a follow-up survey for CCR#2016001377, #2016001575, and #2016002105, was conducted at Spring Oaks Assisted Living Facility (license number10763). Discernable deficiencies were identified. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to have carpets clean and free of odors for 1 of 4 residents (Resident #1).

Findings:

An observation was conducted on at 10:20 AM of , Resident #1. The carpeting in the observed to have stains (photo evidence obtained). There was a noticeable foul odor in the .

An interview was conducted on at 10:20 AM with the Wellness Director, who confirmed the stains on the carpet in , and the foul odor. She stated the facility is in the process of changing the carpets.

On , a review of the carpet cleaning schedule, from 2016 through 2016, showed carpeting was cleaned in other , but there was no documentation that the carpeting was cleaned in .

An interview was conducted on at 11:30 AM with the Executive Director, who confirmed there is a strong odor in . She also confirmed that there are stains on the carpeting in . Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and record review, the facility failed to file an adverse incident report regarding allegations of for 2 of 2 for residents (Resident #1 and #3).

Findings:

On , a record review of the facility's plan of correction showed that they have not filed an adverse incident report regarding allegations of which took place on / . Further review of

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the their plan of correction stated an event that is reported to law enforcement for investigation, an adverse incident report related to law enforcement is to be filed with AHCA.

On at 12:30 PM, an interview was conducted with the Executive Director. She stated that she has not filed an adverse incident report regarding the occurrence of / . She stated law enforcement was called and the was trespassed from the building. She stated she was not in the position when this happened. She stated she was advised by an AHCA surveyor that since she did not have a password to report adverse incidents it was alright not to file one. She tried to obtain a password but couldn't.

On at 1:00 PM, the Executive Director stated her password for the AHCA Adverse Incident Reporting System had expired .

Class III